



4-H 343

Volunteer Enrollment

MCE is collecting information in order to enroll you as a MCE or short-term volunteer in the MD. 4-H program. If you do not provide the requested information you cannot be a 4-H volunteer. The information you provide will be shared with county/state fair associations and National 4-H Council. Information provided to the University may also be shared among offices within the University and with the University System of Maryland and outside entities as necessary or appropriate in the conduct of legitimate University business and consistent with applicable law. Because the University is a State educational institution, such information may also be subject to disclosure under the Maryland Access to Public Records Act. Individuals may inspect and/or correct their personal information as provided by the Public Records Act and/or other applicable law or University policy.

Volunteer: First Name MI Last Name Preferred Name: Email Address (optional):

Home Phone: () - Work Phone: () - Check if OK to call at work APO Address:

Installation Name

Interests/Hobbies/Special Skills

Gender (M/F): *Ethnicity:* Hispanic *Race (may choose more than one):* Asian Black Native American Pacific Islander White

Family: Family Last Name to appear on mailing label: List other 4-H volunteers and 4-H members in your household:

Residence (choose letter): (A) On a farm (B) Rural area/town of 10,000 or less (C) Town/city of 10,000-50,000 (D) Suburb of city over 50,000 (E) City over 50,000 (F) Military Base

Check one: Military Non Military On Post Off Post

4-H: Years as a 4-H Volunteer: Check this box if you are a Former 4-Her Type of Volunteer: Organization Project Clover Activity Paid Staff Short term volunteer Other: _____

Avg number of hours you volunteer for 4-H per wk: Check this box if you have returned a signed Volunteer Expectations form:

Clubs	
Number	Name

Projects		
Number	Name	Need
		Manual?

Projects		
Number	Name	Need
		Manual?

By signing this form, I acknowledge that the 4-H programs and clubs of the Maryland Cooperative Extension are open to all persons without regard to race, color, sex, age, disability or national origin.

Volunteer Signature _____ Date _____

I give permission to the College of Agriculture and Natural Resources, University of Maryland, to use and publish my photograph for educational and promotional purposes without compensation

Volunteer Signature _____ Date _____

Date received by leader: Date received by 4-H Office: Date logged in computer: