



NYS 4-H Leader / Volunteer Enrollment Form

County: _____

Date: _____

Last Name:* _____ First Name:* _____ MI: _____
Preferred Name: _____ Volunteer ID: _____ Years in 4-H: _____
Birth Date:* _____ Education Level: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State:* _____

County: (of residence):* _____ Zip: _____

Number of Years at Current Address: _____

Township: _____

Residence (circle one): Farm Rural/Town<10K Town 10-50K Suburb>50K City 50K+

E-Mail: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Call at Work? YES NO Best time to Call: _____

Serving in the Military? YES NO If so, current status? _____ Branch: _____

Would like to receive newsletter? YES NO

4-H Info

Volunteer Type: None Project General Activity Resource
Interaction Type: Indirect Volunteer Direct Volunteer Middle Manager
Enrollment Date:* _____ Status: New Returning Inactive

ES237 Demographics

Gender: Male Female

Ethnicity (circle one): Hispanic Not Hispanic

Race: () White () Black () American Native/Alaskan Native () Asian () Native Hawaiian () White and Black () White and Am. Native / AK Native () Black and Am. Native / AK Native () White and Asian

FOR OFFICE USE ONLY

System Permissions:

None National Council National Headquarters State Staff 1
State Staff 2 County Staff 1 County Staff 2 Club Leader

Enrollment Fee Paid? Y N Cash/Check Check #: _____

Certified? Y N Certification Sent?: Y N Certification Sent Date: _____

Certification Cleared? Y N Certification Cleared Date: _____

Screened Leader? Y N Screened Leader Date: _____

Forms: Medical Release? Photo Release? Waiver of Liability?
 Receive an Email Newsletter? Volunteer Confidential Self Disclosure
 Certified for Online Interaction with Youth?

Is Volunteer disabled? Y N Disability: _____

Has Volunteer been Active in 4-H in Other: Nations: _____ States: _____ Counties: _____

Educational Focus

Club(s): _____ Project Areas: _____

Activities: _____

Certifications: _____