



County: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name		First Name	
Preferred Name		Volunteer ID	
Date of Birth		M.I	
Email		Primary Phone	
Cell Phone		Work Phone	
Mailing Address		Mailing Address 2	
City		County (of residence)	
State		Zip	
Call at Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Best Time to Call	
Receive Email Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
"I consent to receiving texts from CCE" My Cell Carrier is: _____ My cell phone number is: _____			

4-H Info

Volunteer Type	<input type="checkbox"/> None <input type="checkbox"/> Project <input type="checkbox"/> General Activity <input type="checkbox"/> Resource
Interaction Type	<input type="checkbox"/> Indirect Volunteer <input type="checkbox"/> Direct Volunteer <input type="checkbox"/> Middle Manager
Enrollment Date	Status: <input type="checkbox"/> New <input type="checkbox"/> Returning <input type="checkbox"/> Inactive

ES 237 Demographics:

Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Prefer Not to State
Residence	<input type="checkbox"/> Farm(Rural area where agricultural products are sold) <input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Town under 10,000 & rural non-farm <input type="checkbox"/> Central city more than 50,000 <input type="checkbox"/> Town /City 10,000-50,000 & suburbs
Military	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a parent serving in the military <input type="checkbox"/> I have a sibling serving in the military
Branch Component	<input type="checkbox"/> Air force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves
Grade School Type (Youth Only)	_____ School Name _____ <input type="checkbox"/> Public School <input type="checkbox"/> Homeschool/Alternative <input type="checkbox"/> Private School <input type="checkbox"/> Magnet/ Specialized School <input type="checkbox"/> Special Education <input type="checkbox"/> Charter School



**FOR OFFICE USE ONLY**

**System Permissions**

- Ninguna     National Council     State Staff 2     County Staff 1
- National Headquarters     State Staff 1     County Staff 2     Club Leader

**Enrollment Fee Paid?**

- Yes     No     Cheque     Cash    Cheque #: \_\_\_\_\_

**Certified**

- Yes     No    Certification sent?:  Yes     No    Sent Date: \_\_\_\_\_

**Certification cleared?**

- Yes     No    Certification Cleared Date: \_\_\_\_\_

**Screened Leader?**

- Yes     No    Screened Leader Date: \_\_\_\_\_

**Forms**

- Medical Release     Photo Release
- Waiver of liability     Certified for online interaction with youth
- Volunteer Confidential self-disclosure

**Does the Volunteer have a disability?**

- Yes     No    Disability: \_\_\_\_\_

**Has the Volunteer been active in other**

Nations \_\_\_\_\_ States: \_\_\_\_\_ Counties: \_\_\_\_\_

**Educational Focus**

Club(s): \_\_\_\_\_

Project Areas: \_\_\_\_\_

Activities: \_\_\_\_\_

Certifications: \_\_\_\_\_