



## One Time/Occasional Volunteer Application/Enrollment Short Form VA-114S

CHECK ONE OF THE FOLLOWING:  4-H  ANR  FCS  Other (explain) \_\_\_\_\_

One time  Occasional  Donor Approximate # Hours/Days Volunteering \_\_\_\_\_/\_\_\_\_\_

1. Name: \_\_\_\_\_  
LAST FIRST MI

2. Address: \_\_\_\_\_  
RFD AND BOX NUMBER AND/OR STREET

3. \_\_\_\_\_  
CITY OR TOWN STATE ZIP

4. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Items 5-7 for record keeping purposes:

5. I Live (check one):

- a. On a farm
- b. Rural area or town under 10,000
- c. Town or city of 10,000 to 50,000
- d. Suburb or city over 50,000
- e. City over 50,000

6. Gender:

- Female
- Male

7. Race:

- White
- African American
- American Indian
- Hispanic
- Asian
- Multi-racial

8. **If driving required**, please complete the following:

Do you have a current and valid driver's license?  Yes  No

License issued in the state of \_\_\_\_\_

Do you have a commercial driver's license (CDL)  Yes  No

Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia?  Yes  No

Have you been convicted of any moving traffic violations within the last 5 years.  Yes  No

If yes, please describe: \_\_\_\_\_

9. Volunteer Agreement:

I am volunteering my time to further the educational purposes of Virginia Cooperative Extension and will abide by the policies and procedures thereof. I will not discriminate on the basis of race, color, creed, religion, sex, national origin, handicap or political affiliation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NAME OF CLUB OR GROUP (if applicable): \_\_\_\_\_

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