



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 5-9 for record keeping purposes:

- | | | |
|--|--|--|
| <p>5. I Live (Check one):</p> <p><input type="checkbox"/> a. On a farm</p> <p><input type="checkbox"/> b. Rural area or town under 10,000</p> <p><input type="checkbox"/> c. Town or city of 10,000 to 50,000</p> <p><input type="checkbox"/> d. Suburb or city over 50,000</p> <p><input type="checkbox"/> e. City over 50,000</p> | <p>7. Age (Check one):</p> <p><input type="checkbox"/> <18</p> <p><input type="checkbox"/> 18 - 64</p> <p><input type="checkbox"/> 65+</p> | <p>9. Ethnicity (Check all that apply):</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> White</p> |
| <p>6. Gender: _____</p> | <p>8. Ethnicity (Check one):</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Non Hispanic/Latino</p> | |

10. Media Release Statement: The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALS) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

PLEASE INITIAL: _____ Yes _____ No

11. Volunteer Agreement: I am volunteering my time to further the educational purposes of Virginia Cooperative Extension (VCE). I agree to abide by all policies and procedures of VCE. I understand that VCE programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status or any other basis protected by the law. An equal opportunity/affirmative action employer. I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

Signature: _____ Date: _____

NAME OF CLUB OR GROUP (if applicable): _____

www.ext.vt.edu

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