



Virginia Cooperative Extension

Virginia Tech • Virginia State University

4-H One Time/Occasional Volunteer
Application/Enrollment

Short Form VA-114S

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CHECK ONE OF THE FOLLOWING: 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 5-8 for record keeping purposes:

- | | | | |
|--|---|---|---|
| <p>5. Gender:
<input type="checkbox"/> Female
<input type="checkbox"/> Male</p> | <p>7. Race: (check all that apply)
<input type="checkbox"/> White
<input type="checkbox"/> African American
<input type="checkbox"/> American Indian
<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> | <p>8. I Live (check one):
<input type="checkbox"/> a. On a farm
<input type="checkbox"/> b. Rural area or town under 10,000
<input type="checkbox"/> c. Town or city of 10,000 to 50,000
<input type="checkbox"/> d. Suburb or city over 50,000
<input type="checkbox"/> e. City over 50,000</p> | <p>9. ____ years served as volunteer leader</p> |
|--|---|---|---|

10. **Check here if you are a teen volunteer:**

11. **4-H Alumni:** Yes No 12. **Work call:** Yes No

13. **4-H All-Star:** Yes No 14. **Name of Project** (if applicable) _____

15. **I am a member of the 4-H Leader Association:** Yes No Please send information

16. **Name of club** (if applicable): _____

17. **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: _____

18. **4-H 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, gender, national origin, handicap or political affiliation.

Signature _____ Date _____