

Volunteer Registration

Please complete:

1. Please check () why you are turning in this form:

___ New volunteer (complete all items below)

___ Updating information (complete only items below to be updated)

___ Resigning as a volunteer (turn in form with this item and personal information completed)

1. Name (first, middle, last): _____

2. Street: _____

3. City: _____ Zip: _____

4. Telephone: () _____ Email: _____

5. Volunteer Age over 18 _____

6. Sex () Check 1: _____ Female _____ Male

7. Check the ethnicity you identify with () Check 1

_____ Hispanic or Latino

_____ Non-Hispanic or non-Latino

8. Check the race category you identify with: (you may check more than one)

_____ American Indian or Alaskan Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or other Pacific Islander

_____ White

9. EFNEP or SNAP-Ed (Circle 1)

10. _____ Annual Hours Spent with Adults _____ Annual Hours Spent with Youth

10. To assist: _____ Project Supervisor or _____ Educator

11. Volunteer Role () Check all that apply:

___ Performs Support Service Role

Educator Name: _____