



Clubs/Groups enrolling in	Name _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name _____	Name _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name _____	Name _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

### 4-H 343 Volunteer Enrollment

Name \_\_\_\_\_ Social Security No. --

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP - Precinct \_\_\_\_\_

Home Phone -- Work Phone -- Fax --

E-mail \_\_\_\_\_ Family last name to appear on mailing label: \_\_\_\_\_

Call at work? Yes  No  Sex Male  Female

Residence (choose letter):  (A) On a farm (B) Rural area/town of 10,000 or less (C) Town/city of 10,000-50,000 (D) Suburb of city over 50,000 (E) City over 50,000

Disability? Explain: \_\_\_\_\_ Years as a 4-H Volunteer \_\_\_\_\_

Race (choose letter):  (N)Native American/Alaskan Native (B)Black, not Hispanic origin (A)Asian/Pacific Islander  
(H)Hispanic (W)White, not Hispanic origin Comments: \_\_\_\_\_

Volunteer type (check up to four)  Organization  Project  Clover  Activity  Countywide  
 Indirect (Board, committee, etc.)  Middle Manager  Other Volunteer

Are you a: Former 4-H'er? Yes  No  4-H All Star? Yes  No  Fair Board/Assn./Committee member? Yes  No

Project Number	Project Name	Manual? (Check)		Record? (Check)	
		LDR	MBR	LDR	MBR

Project Number	Project Name	Manual? (Check)		Record? (Check)	
		LDR	MBR	LDR	MBR

By signing this form, I acknowledge that the 4-H programs and clubs of the Maryland Cooperative Extension Service are open to all persons without regard to race, color, sex, age, religion, disability or national origin.

\_\_\_\_\_  
Volunteer Signature Date

Date received by leader	Date received by 4-H Office	Date logged in computer
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