Oregon 4-H Adult Volunteer Enrollment Form

FAMILY INFORMATION

Family Email: ____________________________________________________________

Family Last Name: ________________________ Family Mobile Phone: ______________

Address: __________________________________ City: __________ State: ____ Zip: ______

Correspondence Preference: ☐ Email ☐ Mail OK to receive newsletters via email: ☐ Yes ☐ No

ADULT VOLUNTEER INFORMATION

First Name: ____________________________ Middle: __________ Last: __________________

Preferred Name: ____________________________ Birth Date: ____________________________

Gender at birth: ☐ Male ☐ Female Gender Identity: ☐ Male ☐ Female ☐ Neither ☐ Prefer not to state

Residence: ☐ Farm ☐ Rural (<10,000) ☐ Town (10,000 - 50,000) ☐ Suburb ☐ City (>50,000)

Ethnicity: (check one) ☐ Hispanic ☐ Not Hispanic ☐ Prefer not to state

Race: (check all that apply) ☐ White ☐ Black ☐ Alaskan/American Indian ☐ Hawaiian/Pacific Islander ☐ Asian ☐ Balance (other combinations) ☐ Prefer Not to State

EMERGENCY CONTACT

Name: ____________________________ Relationship: ____________________________

Phone: ____________________________ Email: __________________________________

Volunteer Type

☐ Activity, ☐ Camp, ☐ Club, ☐ Project, ☐ Program, ☐ Coach

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<th>Club Name</th>
<th>Project Name</th>
<th>Years in Project</th>
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ADDITIONAL INFORMATION

Family Member in Military?: ☐ Yes ☐ No Who?: ☐ Self ☐ Spouse ☐ Child Branch: ____________________________

Status: ☐ Active ☐ Reserve ☐ Guard ☐ Retired

Employer: ____________________________ Occupation: ____________________________

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