



North Carolina 4-H Episodic Volunteer Form

EPISODIC VOLUNTEER INFORMATION

Last Name		First Name		M.I.	Name You Prefer
Mailing Address				Daytime phone	
City		State	Zip	E-mail	
I give my permission for staff of N.C. Cooperative Extension, N.C. 4-H, and/or _____ County Extension to take photographs and/or record video and/or audio of me and/or my property for use in educational, promotional and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials. <input type="checkbox"/> Yes <input type="checkbox"/> No				How did you learn about this 4-H volunteer opportunity?	
				Were you a 4-H member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what county & state?	
Signature _____ Date _____					
What additional 4-H events, activities or projects would be interesting to you as a volunteer?				Would you like to be added to our mailing list? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that the coordinator of the event for which I am volunteering is responsible for informing me of my responsibilities as a volunteer participant, and will provide any specific training needed to carry out these duties. Although Extension staff will use reasonable precaution in guarding the health and well-being of all participants, I release them from any liability in case of injury as a result of this activity.					
Signature _____				Date _____	

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth _____ / _____ / _____ Month Day Year	
Ethnic Group <input type="checkbox"/> Hispanic or Latino Ethnicity & OR <input type="checkbox"/> Not Hispanic or Latino &			
<input type="checkbox"/> White (only) <input type="checkbox"/> Black or African American (only) <input type="checkbox"/> American Indian or Alaska Native (only) <input type="checkbox"/> Asian (only) <input type="checkbox"/> Native Hawaiian or Pacific Island (only) <input type="checkbox"/> White & Black <input type="checkbox"/> White & American Indian or Alaska Native <input type="checkbox"/> Black & American Indian or Alaska Native <input type="checkbox"/> Black & Asian <input type="checkbox"/> Balance (other combinations)		<input type="checkbox"/> White (only) <input type="checkbox"/> Black or African American (only) <input type="checkbox"/> American Indian or Alaska Native (only) <input type="checkbox"/> Asian (only) <input type="checkbox"/> Native Hawaiian or Pacific Island (only) <input type="checkbox"/> White & Black <input type="checkbox"/> White & American Indian or Alaska Native <input type="checkbox"/> Black & American Indian or Alaska Native <input type="checkbox"/> Black & Asian <input type="checkbox"/> Balance (other combinations)	

This form is designed for use in enrolling short term volunteers. It is to be used in situations when it is not appropriate to follow application and reference checking as for long-term volunteers. Adults who have been screened and have a current application on file need not complete this form.

Do NOT use this form in the following situations:

- Adults who will be responsible for youth at overnight events.
- Adults who will be responsible for youth when no other adult is present at all times.

