

## **North Carolina 4-H Episodic Volunteer Form**

## EPISODIC VOLUNTEER INFORMATION

Last Name	First Nan	First Name		Name You Prefer		
Mailing Address			Daytime <sub>l</sub>	Daytime phone		
City	State	Zip	E-mail	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				How did you learn about this 4-H volunteer opportunity?		
these materials.  \[ \sum \text{Yes}  \text{No} \]				Were you a 4-H member?  ☐ Yes ☐ No If yes, in what county & state?		
Signature Date				Would you like to be added to our mailing list?  Yes No		
I understand that the coordinator of the even participant, and will provide any specific tra the health and well-being of all participants,	ining needed to carry of	out these duties. Although Ex	xtension staff will u	use the utmost precaution in guarding		
Signature				Date		

## RECORD FOR AGENT USE

Date	Event/Position	Time Given	Comments	Follow-up Completed

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.

Prepared by: Harriett C. Edwards, Ed.D