



**4-H
VOLUNTEER
Enrollment for
US Air Force
Europe 4-H
Clubs**

UF Florida 4-H Extension is collecting information in order to enroll overseas Air Force children into the Florida 4-H program. The demographic information you provide will be shared with county, state and federal agencies in summation reports not associated with individuals. Information provided to the University may also be shared among offices within the University and outside entities as necessary or appropriate in the conduct of legitimate University business and consistent with applicable law. Because the University is a State educational institution, such information may also be subject to disclosure under the Florida Access to Public Records Act. Individuals may inspect and/or correct their personal information as provided by the Public Records Act and/or other applicable law or University policy.



Volunteer:

First Name	MI	Last Name	Preferred Name:
Email Address:			
<input type="text"/>			<input type="text"/>
Installation Name:			Work Phone:
<input type="text"/>			<input type="text"/>
Interests/Hobbies/Special Skills:	Gender (check):		Race (check one):
<input type="text"/>	<input type="checkbox"/> Female	<input type="checkbox"/> Male	() Asian/Pacific
<input type="text"/>			() Black, not Hispanic origin
			() White, not Hispanic origin
			() Native American/Alaskan Native
			() Hispanic

Residence (check one): () Rural area/town of 10,000 or less () Town/city of 10,000-50,000 () Suburb of city over 50,000 () City over 50,000

Check one: Military Check one: I live On Post I live Off Post

4-H: Years as a 4-H Volunteer: Check this box if you are a former 4-H'er: What State:

Paid staff Short term volunteer Other:

Average number of hours you volunteer for 4-H per week:

Your 4-H Club Name

4-H Projects You Assist With

4-H Projects You Assist With

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

Volunteer Signature _____ Date _____

I give permission to the University of Florida Cooperative Extension, to use and publish my photograph for educational and promotional purposes without compensation.

Volunteer Signature _____ Date _____

Date received by leader:	Date received by 4-H Office:	Date logged into computer:
<input type="text"/>	<input type="text"/>	<input type="text"/>