

One Time/Occasional Volunteer Application/Enrollment Short Form VA-114S

CHECK ONE OF THE FOLLOWING: 4-H ANR FCS Other (explain) _____

One time Occasional Donor

Approximate # Hours/Days Volunteering ____/____

1. Name: _____
LAST FIRST MI

2. Address: _____
RFD AND BOX NUMBER AND/OR STREET

3. _____
CITY OR TOWN STATE ZIP

4. Phone: _____ E-mail: _____

Items 5-7 for record keeping purposes:

5. I Live (check one):

- a. On a farm
- b. Rural area or town under 10,000
- c. Town or city of 10,000 to 50,000
- d. Suburb or city over 50,000
- e. City over 50,000

6. Gender:

- Female
- Male

7. Race:

- White
- African American
- American Indian
- Hispanic
- Asian
- Multi-racial

8. If driving required, please complete the following:

Do you have a current and valid driver's license? Yes No

License issued in the state of _____

Do you have a commercial driver's license (CDL) Yes No

Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia? Yes No

Have you been convicted of any moving traffic violations within the last 5 years. Yes No

If yes, please describe: _____

9. Volunteer Agreement:

I am volunteering my time to further the educational purposes of Virginia Cooperative Extension and will abide by the policies and procedures thereof. I will not discriminate on the basis of race, color, creed, religion, sex, national origin, handicap or political affiliation.

Signature: _____

NAME OF CLUB OR GROUP (if applicable): _____

