



Cornell University
Cooperative Extension
Orange County

Community Campus
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4-H CLUB LEADER ENROLLMENT FORM

Club Name: _____

(Circle One): C - Coordinating Leader P - Project Leader O - Other: _____

(Circle One): N - New Enrollment R - Re-Enrollment

Last Name: _____ **First Name:** _____ **M.I.** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

How many years in 4-H: _____ **Gender:** M/F **Birthday:** / /

Home Phone: () _____ **Work Phone** (1 for first yr): () _____

Other Active 4-H Club Memberships: _____

E-mail address: _____

Fill in your e-mail address to receive your Clover Leaves electronically and not via post office.

Ethnicity (*optional-check one):

Caucasian African American American Indian Hispanic Asian American

**Filling in your ethnicity is optional, however, if you do not indicate your ethnic background the computer will automatically choose Caucasian.*

Residence (check one):

Farm (includes all persons living in rural territory on places from which \$1,000 or more of agricultural products were sold, or normally would have been sold, in the reporting year.)

Rural Under 10,000 (zipcodes: 10916, 10917, 10919, 10921, 10925, 10926, 10928, 10930, 10958, 10963, 10973, 10987, 10992, 10996, 10998, 12520, 12542, 12549, 12566, 12575, 12721, 12729, 12739, 12746, 12780)

Town 10,000-50,000 (zipcodes: 10918, 10924, 10940, 10941, 10950, 10990, 12553, 12586, 12589, 12771)

Suburb Over 50,000 **City Over 50,000** (zipcode: 12550)

I want the Extension Office to be aware of the following disability: _____

I consent to the use of any pictures, video or audio's taken during 4-H events to be used in promotional or educational material of Cornell Cooperative Extension. Please mark the appropriate box I do consent I do not consent

Leader Signature _____ Date _____

Volunteer Application

Employer: _____
Name Address

In case of Emergency call: () _____

Are you a 4-H alumni? Yes No **Where were you in 4-H?** _____

If your volunteer duties require transporting of youth, do you have a valid driver's license? Yes No

Do you have valid auto insurance? Yes No

Please list three references. Include business associates, employers, or social friends (do not list relatives). Be sure to include persons who can provide information about the qualifications that equip you to work as a volunteer in a youth organization.

1. _____
Name Address

() _____ () _____
Home Telephone Work Telephone

2. _____
Name Address

() _____ () _____
Home Telephone Work Telephone

3. _____
Name Address

() _____ () _____
Home Telephone Work Telephone

Have you ever been denied a volunteer position with a youth-serving organization? Yes No

If yes, explain: _____

Are you over 18 years of age? Yes No **Social Security #** _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain: _____

I understand that my enrollment as a volunteer is contingent upon successful completion of the application process. I give my permission for the above-named references to release information about me and for my conviction record to be verified, but I understand that references contacted may not be limited to those indicated on this application. A criminal record will not necessarily disqualify an applicant, but it will be considered in determining whether or not any individual should become a Cornell Cooperative Extension Volunteer, considering his/her duties.

I understand that Cornell Cooperative Extension does not discriminate on the basis of race, color, national origin, sex, disability, age, or religion, and that this application will be handled in a confidential manner.

I agree to serve as a volunteer for Cornell Cooperative Extension. I understand that either party may cancel this relationship at any time.

I certify that the above information is correct. I agree to inform Cornell Cooperative Extension of any changes in this information.

Signature _____ Date _____

Thank you for your willingness to share your talents with young people!