Virginia Cooperative Extension
Virginia Tech • Virginia State University

Extension Educational Programs
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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: _____ Date: _____

NAME OF CLUB OR GROUP (if applicable): _____

www.ext.vt.edu

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