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 5-8 for record keeping purposes:

5. I Live (check one): 6. Gender: 8. Ethnicity: (Check all that apply)
   □ a. On a farm □ Female □ American Indian/Alaskan Native
   □ b. Rural area or town under 10,000 □ Male □ Asian
   □ c. Town or city of 10,000 to 50,000 □ Hispanic/Latino □ Black/African American
   □ d. Suburb or city over 50,000 □ Non Hispanic/Latino □ Native Hawaiian or other Pacific Islander
   □ e. City over 50,000

9. 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:_____________________________________________________________________

10. 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): ________________________________________________