



## 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:

- |   |   |   |
|---|---|---|
| <p>5. I Live (check one):</p> <p><input type="checkbox"/> a. On a farm</p> <p><input type="checkbox"/> b. Rural area or town under 10,000</p> <p><input type="checkbox"/> c. Town or city of 10,000 to 50,000</p> <p><input type="checkbox"/> d. Suburb or city over 50,000</p> <p><input type="checkbox"/> e. City over 50,000</p> | <p>6. Gender:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p>7. Ethnicity (check one)</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Non Hispanic/Latino</p> | <p>8. Ethnicity: (Check all that apply)</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> White</p> |
|---|---|---|

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): \_\_\_\_\_