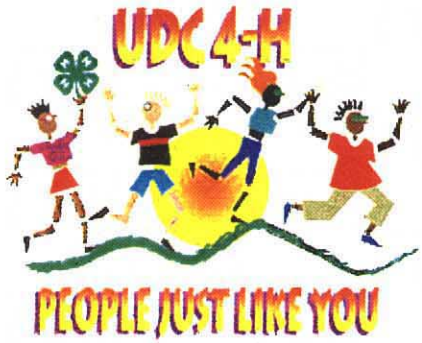

University of the District of Columbia-Cooperative Extension Service

UDC 4-H Volunteer Form

VOLUNTEER'S NAME: _____
(First) (Last)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME #: _____ **FAX#:** _____

E-MAIL ADDRESS: _____

☐ **Male** ☐ **Female** ☐ **Youth** ☐ **Young Adult** ☐ **Adult**
☐ **Senior Citizen**

RACE: ☐ **Black** ☐ **WHITE** ☐ **AMERICAN INDIAN** ☐ **HISPANIC**
☐ **ASIAN** ☐ **OTHER**

(Racial information is voluntary and is being collected pursuant to Federal Regulations)

SPECIAL SKILLS: _____

_____

_____

AVAILABILITY DAY(S) AND HOURS OF THE WEEK:

DAYS AVAILABLE	*HOURS AVAILABLE*
MONDAY	_____
TUESDAY	_____
WEDNESDAY	_____
THURSDAY	_____
FRIDAY	_____
SATURDAY	_____
SUNDAY	_____

In cooperation with the U.S. Department of Agriculture and District of Columbia Government, Cooperative Extension Service and Agricultural Experiment Station programs and employment opportunities are available to all people regardless of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital status or family status.