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.