



# Monroe County 4-H Volunteer Application Form

2019-2020

To enroll in the Monroe County 4-H Program, complete this form and send to:  
Monroe County **Cornell Cooperative Extension**, 2449 St. Paul Blvd, Rochester, NY 14617

**Please Fill Out This Form Completely!**

## **Personal Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ County of Residence: \_\_\_\_\_

*4-H often sends information electronically; please list your preferred address for receiving 4-H announcements and updates  
We will not share your email information with any other party or agency.*

Date of Birth (if under 21 years old) \_\_\_\_\_ # of years in 4-H (including this year) \_\_\_\_\_

## **ENROLLMENT INFORMATION:**

I belong to the \_\_\_\_\_ **4-H Club.** Give name of club, if applicable.

Describe your residence:

- ☐ Farm/Rural (population under 10,000)
- ☐ Town/Village (population 10,000-50,000)
- ☐ Town/Suburb (population over 50,000)
- ☐ City (population over 50,000)

Ethnicity (statistical purposes only):

- ☐ Hispanic ☐ Not Hispanic
- Race (statistical purposes only):
- ☐ White ☐ Black ☐ Asian
- ☐ Native American ☐ Pacific/Hawaiian

## **APPLICANT PROFILE:**

**What interests do you wish to pursue or what do you hope to accomplish by serving as a 4-H volunteer? (Please attach additional page if needed!)**

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**Please mark the following areas in which you have experience:**

- ☐ Home Economics ☐ Nutrition ☐ Natural Resources ☐ Horticulture ☐ Agriculture
- ☐ Animal Science (type) \_\_\_\_\_ ☐ Other \_\_\_\_\_

**How much time do you foresee being able to commit to volunteering?**

**Short Term:** ☐ 1-3 months ☐ 3-6 months **Long Term:** ☐ 6-12 months ☐ over a year

**How many hours a month can you commit?** ☐ 1-3 hours ☐ 3-6 hours ☐ more than 6 hours

**I have an interest in helping with the following special events/programs/activities:**

- ☐ Newsletter ☐ Public Presentations ☐ Livestock Clinic ☐ County Fairs

**I would like more information on starting my own club:** ( ) Yes ( ) No

**Volunteer History:** Please list other volunteer involvement that you have previously had or are currently involved with?

**References:** List two persons not related to you who have definite knowledge of your qualifications and can attest to your character. Complete addresses are needed.

1. Name \_\_\_\_\_ Email: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to this person \_\_\_\_\_
2. Name \_\_\_\_\_ Email: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to this person \_\_\_\_\_

I authorize contact of listed references. I release all parties contacted from liability arising from the provision of requested information. I understand that misrepresentation or omission of facts requested is cause for non-appointment or termination as a Cornell Cooperative Extension Volunteer.

Please forward completed application via email at [monroe4H@cornell.edu](mailto:monroe4H@cornell.edu) OR  
mail or drop off to:  
Cornell Cooperative Extension of Monroe County - 4-H  
2449 St. Paul Blvd.  
Rochester, NY 14617

