Volunteer Registration
Extension Family Nutrition Education Program

Please complete unshaded areas.

1. Name __________________________ ____________________________ ____________________________
   (First) (MI) (Last)

2. Street ____________________________________________________________
   City________________________ ZIP__________________________

3. Telephone __________________________

4. Sex: (Circle one) Female Male

5. Age 18 years or over: (Circle one) Yes No

6. Race: (Check one)
   _____ 1-00 White (non-Hispanic)
   _____ 2-00 Black (non-Hispanic)
   _____ 3-00 American Indian/Alaskan Native
   _____ 4-00 Hispanic
   _____ 5-00 Asian or Pacific Islander

7. Have you been or are you now an EFNEP participant? (Circle one) Yes No

8. To assist Extension Agent ________________________________
or Paraprofessional ________________________________

9. Volunteer Role: Check all that apply (definitions on back)
   _____ Instructional Role
   _____ Advisory Committee Role
   _____ Educational Service Role
   _____ Support Service Role
   _____ Middle Manager

10. _____ Annual Hours Spent with Youth

11. _____ Annual Hours Spent with Adults