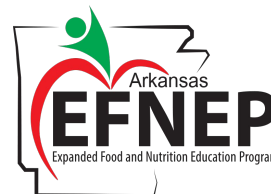


**Volunteer Registration Form**  
**EFNEP Program Year:** \_\_\_\_\_



**Volunteer Information**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_

4. State: \_\_\_\_\_ 5. Zip: \_\_\_\_\_

6. Phone: \_\_\_\_\_ 7. Email: \_\_\_\_\_

8. Gender:  Female  Male

9. Volunteer's Age Category:  Adult (18+)  Youth (≤17)

10. Ethnicity:  Hispanic or Latino  Non-Hispanic/Non-Latino

11. Race:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

White  
American Indian or Alaskan Native  
Native Hawaiian or Pacific Islander

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Black/African-American  
Asian  
Not Provided

12. EFNEP Educator ID#: \_\_\_\_\_

Name: \_\_\_\_\_

13. Has the volunteer ever been or is now an EFNEP participant? \_\_\_\_\_

14. Volunteer Role (Check all that apply):

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Instructional Role  
Educational Support Role  
Middle Manager

<input type="checkbox"/>
<input type="checkbox"/>

Advisory Committee Role  
Support Service Role

15. Annual hours spent supporting Adult EFNEP: \_\_\_\_\_

16. Annual hours spent supporting Youth EFNEP: \_\_\_\_\_

**\*\*The Volunteer Hours Tracking Chart is on the back of this form.\*\***

### ADULT EFNEP Volunteer Hours Tracking Chart

Months	Hours					Total Hours
	Week 1	Week 2	Week 3	Week 4	Week 5	
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
<b>Total</b>						

### YOUTH EFNEP Volunteer Hours Tracking Chart

Months	Hours					Total Hours
	Week 1	Week 2	Week 3	Week 4	Week 5	
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
<b>Total</b>						