



Volunteer ID: _____

Date Entered: _____

1. Name: _____

2. Street Address: _____

City: _____

State: _____

3. Telephone: _____

4. Ethnicity _____ Not Hispanic
_____ Hispanic

5. Race (Check all that apply)
_____ American Indian or Alaskan Native

6. Sex: _____ Male
_____ Female

_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander
_____ White

7. Age: _____ Adult (18 or older)
_____ Youth (17 or younger)

8. Have you been or are you now an EFNEP participant? _____ Yes _____ No

For Office Use Only
To be Completed by Professional or Paraprofessional

9. To assist Extension Agent
or Paraprofessional: _____

10. Volunteer Role:
Check all that apply:

_____ **Instructional Role:** Teaches food and nutrition and related subject matter to EFNEP adults or youth; gives demonstrations; helps program families make most use of food stamps or other resources; assists experienced volunteer, paraprofessionals; helps program participants with language barriers; visits graduated participants to encourage them to continue learning about food and nutrition, and to become involved in other Extension programs.

_____ **Advisory Committee:** Serves on EFNEP Advisory, Family and Consumer Sciences, or 4H Program Committee

_____ **Educational Service:** Provides clerical help (including preparation of teaching materials, visuals, etc.) recruits; provides publicity and public relations.

_____ **Support Service:** Provides babysitting, transportation, meeting place, refreshments, equipment, clothing, housekeeping arrangements, emergency food, or financial help.

_____ **Middle Manager:** Unpaid service or leadership of other volunteers by a youth or adult.

11. Annual Hours spent with YOUTH: _____

12. Annual Hours spent with ADULTS: _____