F	form	2
Revised	7/20	12

DATE:
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NAME:			Name of Club or Group
LAST	FIRST	M	<u>=</u>
CONTACT PHONE:	_ EMAIL:	:	
FAMILY'S CURRENT MILITARY AFFILIATION	ſ		
(If Any- Please check all that apply)			
ACTIVE RESERVE	GUARD	)	
ARMY			
AIR FORCE			
NAVY MARINES			
COAST GUARD			
MAILING ADDRESS:			
STREET	CITY		ZIP
STREET	CITI		Zii
PHYSICAL ADDRESS:			
STREET	CITY		ZIP
SEX*: FEMALE MALE			
I LIVE: (CHECK ONE)		RACE*:	
ON A FARM		WHITE	HISPANIC
RURAL AREA OR TOWN UNDER 10,000			ASIAN PACIFIC
TOWN OR CITY OF 10,000 TO 50,000 SUBURB OF CITY OVER 50,000		AMER IND HAWAIIAN	OTHER(S)
SCIENT OF CITY OVER 50,000		117.007.0117.010	
YEARS AS A 4-H LEADER COUNTING THIS YEA	\R	4-H VOLUNTE	EER ROLE (check one)
		DIRECT	Unpaid support for the 4-H program
			through face-to face contact with youth,
			by a youth or adult. <i>e.g.</i> : project leader, club leader, camp counselor, teacher.
		INDIRECT	Unpaid support for the 4-H program by
			a youth or adult which does not
			include face-to- face contact with
			youth. e.g. boards, committees.
PROJECTS TO WHICH YOU GIVE LEADERSHIP		list on pg 3.)	
CODE NAME CODE N	AME		CODE NAME
4-H Volunteer Agreement			
			will actively work toward achieving racial and
	ase of rac	ce, color, creed, re	eligion, sex, national origin, handicap or political
affiliation.			

\*This information is needed for reporting purposes only.

Volunteer's Signature



## UNIVERSITY OF HAWAI'I Hawai'i 4-H Youth Development Program

Name of Adult Volunteer (Last Name, First Name, Middle Initial):_	
4-H Youth Development Program from September to Aug I further understand that the University of Hawai'i does not p individuals with respect to injuries or other liabilities arising out of pa	rysical health and able to participate in all activities of the Hawai'i gust  provide medical or liability insurance or otherwise indemnify rticipation in the Hawai'i 4-H Youth Development Program. In giving this consent, I understand that there are unavoidable and and have independently reviewed and assessed the risks. Knowing ally, and on behalf of my heirs, successors and personal
Signature	Date
Print Name(s)	
IN CASE OF EMERGENCY:	
First Person to Contact:	Phone:
Second Person to Contact:	Phone:
Physician to Contact:	Phone:
Signature	Date
Print Name(s)	
I give the University of Hawai'i College of Tropical Agricultur Cooperative Extension Service, USDA/CSREES, 4-H clubs and progruse, publish and republish for purposes of advertising, public relations by me, including but not limited to photographs, video or audio of me created by me as a result in my participation in any 4-H project or eve website. I waive any rights, claims or interest I may have to control the audio and agree that any uses described herein may be made without of I also give the above fore-mentioned parties the right to utilize exhibit this work publicly or privately. I further consent that my name commentary.	re and Human Resources (CTAHR), National 4-H Council, 4-H cams, its nominees, agents, and assigns, unlimited permission to s, trade or any other lawful use, the right to utilize any media of or (and/or my property), or any written or electronic end product ent. Use includes but is not limited to posting it on the CTAHR e use of my identity or likeness in the photographs, video, or compensation or additional consideration of me. The information I provide in any of their evaluation reports and
Signature	Date
Print Name	