

EFNEP Volunteer Registration



EFNEP
COLORADO STATE UNIVERSITY
EXTENSION

Volunteer ID: _____

Volunteer: Please complete **unshaded** areas.

1. Name _____
(First) (MI) (Last)

2. Street _____

City _____ Zip _____

3. Telephone _____

4. Sex: *(Circle one)* Female Male

5. Check the ethnicity you identify with: *(Check one)*

___ 1) Hispanic or Latino

___ 2) Non-Hispanic or non-Latino

6. Check the race category you identify with: *(you may check more than one)*

___ 1) American Indian/Alaskan Native

___ 2) Asian

___ 3) Black or African American

___ 4) Native Hawaiian or other Pacific Islander

___ 5) White

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

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

For Educators' Use only

Educator name: _____

Choose one type of volunteer:

- Agency Paid-Volunteers** – Individuals who are not paid by Extension, who assist with EFNEP as part of their job responsibilities in another organization.
- Non-Agency Volunteers** – Individuals who want to assist with EFNEP without financial compensation.

Volunteer roll: (Choose all that apply)

- Support service** (provide food, space, transportation, etc.)
- Recruitment/follow-up** (help with recruitment and reminder calls)
- Educational support** (assist in class with things like passing out handouts, etc.)
- Data collection** (assist participants with completing entry and exit forms)
- Language and cultural context** (help with translation and/or cultural understanding)

_____ **Hours Spent with Adult program**

_____ **Hours Spent with Youth program**