	ent 🗌 New 🗌 Returning	20 UNIVERSITY
Email Address		
First Name	MI Last Name	
Address	City	State Zip
Date of birth/ Prim	nary Phone	
Job Title	Employer	Work Phone
Ethnicity (Optional, Select one) Not Hispanic Prefer not to state Race (Optional, Select all that apply) White Black Asian Hawaiian/Pacific Islander American Indian/Alaskan Native Other combinations prefer not to state Emergency Contact Name	Gender : Female Male Gender Identity not listed Prefer Not to respond Residence: Farm Town <10,000 Town >10,000 Suburb>50,000 City>50,000	 I have a parent serving I have a parent retired from military I have a parent who served in military I have a sibling serving in military No one in my family is serving Branch of Service Air Force Army Coast Guard DOD Civilian Marines Navy N/A Branch Component Active Duty National Guard Reserves N?A
	Phone #	
4-H Club/s		_ Club Leader 🗆 Project Leader
		Club Leader Project Leader

I acknowledge that I have authorized my Annual Background Check, agreed to the Volunteer Code of Conduct and completed the Media, Evaluation, and Medical Agreement in Volunteer Central.

□ I agree Signature_

Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.