West Virginia Extension Service Event Volunteer Form

Event Volunteer Information:

Last Name:_____ First Name:_____ MI: _____

Mailing Address: _____

City:_____ State:_____ Zip: _____

Daytime Phone:_____ Email: _____

Date of Birth: _____

I give permission for staff/faculty of WVES and leaders/volunteers of the Berkeley County 4-H Program to take photographs and/or record video and/or audio of me and/or my property for use in educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.

Yes:_____ No: _____

I understand that I will never be unsupervised with youth. I will always be in the presence of a WVU Extension Faculty or Staff member or, a vetted volunteer.

Printed Name:_____ Date: _____

Signature: _____

This form is designed for use in enrolling short term volunteers. It is to be used in situations when it is more appropriate to not follow application and reference checking as for long-term volunteers. Adults who have been screened and have a current application on file need not complete this form.

Do not use this form in the following situations:

- **Adults who will be responsible for youth at overnight events.**
- **Adults who will be responsible for youth when no other adult(s) is/are present at all times. These aforementioned situations require a completed volunteer application on file at the Extension Office!**

Supervising Professional:

Name:
Address:
Phone:
Email:

WVU Extension Agent Signature:_____ Date: _____