



Master Food Volunteer Re-Enrollment Form

VCE Unit Name: _____ Re-Enrollment Year: _____

Unit Address: _____

Volunteer Last Name: _____ First Name: _____

A. Contact Information (please update if any changes have occurred since your last enrollment)	
Address (Street, City, State, Zip)	
Home Phone	Cell Phone
Work Phone	Email Address
Emergency Contact Name	
Emergency Phone (Day)	Emergency Phone (Evening)

B. Voluntary Disclosure
This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does not automatically exclude you from volunteering for this unit of the Virginia Cooperative Extension Master Food Volunteer Program. Within the past 12 months or since your last enrollment, have you been arrested and / or charged with a crime including moving traffic violations? ☐ Yes ☐ No If "yes" to the question above, please describe: I understand that criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service of Virginia Cooperative Extension (VCE). Signature _____ Date _____

C. Media Release Statement

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALs) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

PLEASE INITIAL: ☐ Yes ☐ No

D. Enrollment Agreement

I am volunteering my time to further the educational purposes of Virginia Cooperative Extension (VCE). I agree to abide by all policies and procedures of VCE. I understand that VCE programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status or any other basis protected by the law. An equal opportunity/affirmative action employer. I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

Signed

Date

Printed Name

VCE Internal Use Only

Date volunteer re-enrollment received:

Re-enrollment requires further action: ☐ Yes ☐ No

Comments:

Signature, VCE Representative

Date