**Quebec 4-H Returning Volunteer Leader Registration Form**

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| Last name: | |  | | | | | | | First name: | | | |  | | |
| Club: | |  | | | | | | | Year: | | | |  | | |
| Type of Leader: | | | | | General  Assistant  Project  Other | | | | | | | | | | |
| Indicate project(s) or other responsibility: | | | | | | | | |  | | | | | | |
| What year did you first start as a volunteer leader? | | | | | | | | | | |  | | | | |
| Mailing address: | | | | |  | | | | | | | | | | |
| Town: |  | | | | | | Province: | | |  | | | Postal Code: | |  |
| Home phone: | | |  | | | | | | Work phone: | | | | |  | |
| Cell phone: | | |  | | | | | | Fax: | | | | |  | |
| Email address: | | | |  | | | | | | | | | | | |
| If less than three years at this address, list previous address: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Date of birth (yy/mm/dd): | | | | | |  | | Gender: | | | | Male  Female | | | |
| Do you have a valid Quebec Driver’s License: | | | | | | | | | | | | Yes  No | | | |
| Do you have a child registered as a 4-H member? | | | | | | | | | | | | Yes  No | | | |
| Please list any new relevant skills and training acquired during the past year such as: first aid certification, communication or leadership training: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |

**Commitment**

* I declare that the information on this form is true and complete. I understand that misrepresentation of information requested is cause for my application as a 4-H Leader to be rejected.
* I agree to abide by all rules and regulations of the 4-H program and to fulfill the volunteer responsibilities to the best of my ability.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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