**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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