

Volunteer Registration Form



EFNEP

EXPANDED FOOD AND NUTRITION
EDUCATION PROGRAM

Name:

County:

Address:

City:

State:

Zip Code:

Phone:

Email:

I wish to learn more about partnering with EFNEP for:

- Parents
- Grandparents parenting children
- Foster parents
- School-age youth
- Pregnant and parenting teens

Skills I can use as an EFNEP volunteer:

- Community engagement
- Networking
- Teaching
- Organization
- Other: