

4-H Member / Leader Enrollment Form

County _____

Page 1

Club: _____

FOR OFFICE USE ONLY

County Code: _____ Club Code: _____ Member Code: _____

Category (Circle One): Member Cloverbud/Mini 4-H Organizational Leader
 Activity Leader Project Leader Resource Leader Special

Enrollment Type (Circle One): N-New Enrollment R - Re-Enrollment Drop From Club

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Phone # (_____) _____ Year In 4-H: _____

Youth Leader: (Y/N) _____ Gender: _____ Birthdate: ____ / ____ / ____ 4-H Age: _____ Grade: _____

Other 4-H Memberships: _____ E-mail: _____

Leader Type (circle one): 1) Direct Volunteer 2) Indirect Volunteer 3) Middle Manager

Ethnic (circle one): 1) Hispanic 2) Not Hispanic

Race: (circle one): 1) White 2) Black 3) Alaskan/Am. Ind. 4) Asian 5) Hawaiian/Pac. Island
 6) White and Black 7) White and Am. Ind. 8) Black and Am. Ind. 9) White and Asian 10) Not listed

Residence (circle one): 1) Farm 2) rural/10,000 3) Town/10-50,000 4) Suburb/ 50,000 5) City / 50,000

Project Name	Project Code	Youth Leader	Need Lit.	Year in Project
_____	_____	Yes / No	Yes / No	_____
_____	_____	Yes / No	Yes / No	_____
_____	_____	Yes / No	Yes / No	_____
_____	_____	Yes / No	Yes / No	_____
_____	_____	Yes / No	Yes / No	_____
_____	_____	Yes / No	Yes / No	_____
_____	_____	Yes / No	Yes / No	_____

Do you require an accommodation for a disability to participate in this program? _____

_____ I give permission for the 4-H office to use a photograph of my child for publicity.

_____ I do not want the 4-H office to reveal my name, address, or phone number as part of public record or list.

Member Signature: _____ Leader Signature: _____

Parent / Guardian Signature: _____ Date: _____

4-H Enrollment - Parent Information

County: _____

Page 2

Member Last Name: _____ Member First Name: _____ M.I. _____

FOR OFFICE USE ONLY

Parent Code 1: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () - - Work Phone () - - Cell Phone : () _____

Parent Type (circle one): Primary Parent Additional Parent Other Occupation: _____ (optional)

Legal Guardian: Yes / No Send Mailing: Yes / No E-mail: _____

Current Military Status: [] N/A [] Active Duty [] Retired [] Reserve [] National Guard

Branch of the Service: [] Army [] Air Force [] Marine [] Navy [] Coast Guard

FOR OFFICE USE ONLY

Additional Contact Code 2: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () - - Work Phone () - - Cell Phone : () _____

Parent Type (circle one): Primary Parent Additional Parent Other Occupation: _____ (optional)

Legal Guardian (circle one): Yes / No Send Mailing: Yes / No E-mail: _____

Current Military Status: [] N/A [] Active Duty [] Retired [] Reserve [] National Guard

Branch of the Service: [] Army [] Air Force [] Marine [] Navy [] Coast Guard

FOR OFFICE USE ONLY

Additional Contact Code 3: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () - - Work Phone () - - Cell Phone : () _____

Parent Type (circle one): Primary Parent Additional Parent Other Occupation: _____ (optional)

Legal Guardian (circle one): Yes / No Send Mailing: Yes / No E-mail: _____

Current Military Status: [] N/A [] Active Duty [] Retired [] Reserve [] National Guard

Branch of the Service: [] Army [] Air Force [] Marine [] Navy [] Coast Guard