

4-H Enrollment Form Members and Volunteer Leaders

Primary Club: _____
Other Club Memberships: _____

Category (Check one): _____ 4-H Member:

Check if: Cloverbud/5-7 Year-old Youth Volunteer 4-H Adult Volunteer
Types (check all that apply): General/Organizational Indirect Project Volunteer
 Direct Activity Volunteer Middle Manager Resource Volunteer

Status (Check one):

New Enrollment Re-Enrollment

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

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

Additional Adult Volunteer Information	Home Phone: _____ Work Phone: _____ Cell Phone: _____ Occupation (optional): _____ E-mail: _____
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Public List: Check here _____ if you do NOT want University Extension to reveal your name, address, or telephone number as part of a public record or list.

School: _____ Grade: _____ Year in 4-H _____

Birthdate: ____/____/____ Age on September 1st: _____ Gender: Female Male

Residence (Check one): Farm Rural/10,000 Town/10-15,000 Suburb/50,000 City/50,000+

Military Family:

Yes A member of my family is in the Military or Reserves (Air Force, Army, Coast Guard, Navy, or National Guard)
 No

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

Yes Please specify: _____
 No

Ethnicity (Check one): Hispanic Not Hispanic

Race (Check all that apply):

White Black Am. Indian/Native Indian Asian Hawaiian/Pacific Islander Other

Project Name	Years Doing Project	Office Use Only Project Code
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Information:

Primary Parent/Caregiver:

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

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

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation (optional): _____ Email: _____

Relationship: _____ Do you live with this parent/caregiver: Yes No

Legal Guardian (Check one): Yes No Send Mailing (Check one): Yes No

Additional Parent/Caregiver:

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

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

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation (optional): _____ Email: _____

Relationship: _____ Do you live with this parent/caregiver: Yes No

Legal Guardian (Check one): Yes No Send Mailing (Check one): Yes No

Member Signature _____ **Leader Signature** _____

Parent/Guardian Signature _____ **Date** _____