



## 4-H ENROLLMENT FORM YOUTH MEMBERS/ADULT VOLUNTEERS



Name of Primary 4-H Club: \_\_\_\_\_

Status (Check one):  New Enrollment  Re-Enrollment      Check if:  4-H Teen Volunteer

Category (Check one):  Youth Member  Cloverbud (Age 5-7)

Club Organizational Leader  Club Co-Leader/Parent Volunteer  MAL Parent Leader

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of Sept. 1, 2007: \_\_\_\_\_ Gender:  Male  Female

Disability: Do you require accommodation(s) for a disability to participate in this program?

Yes  No    If yes, please specify: \_\_\_\_\_

Ethnicity (Check one):  Hispanic  Not Hispanic

Race (Check those that apply):

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

PLEASE BE SURE TO SELECT A PROJECT AREA FOR THE CURRENT 4-H YEAR! PROJECT AREAS AND MATERIALS CAN BE RESEARCHED IN OUR "PROJECT BOOK CATALOG"		
Name of Project Area:	Project Area Code:	Years in Project:

**PLEASE REMEMBER TO COMPLETE THE PARENT INFORMATION SECTION AS WELL! ☺**



**PARENT/GUARDIAN INFORMATION**

**Primary Parent/Caregiver:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation (optional): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

Legal Guardian (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): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

Legal Guardian (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): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

Legal Guardian (check one):  Yes  No

