

# 4-H Member / Leader Enrollment Form

County \_\_\_\_\_

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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	_____

Yes / No (please circle one) Do you require an accommodation for a disability to participate in this program?

Yes / NO (Please circle one) Cornell Cooperative Extension is granted permission to use and/or publish my or my child's photograph or image (including audio, film, digital image or any other media) for educational programs, websites or promotion of Extension programs.

\_\_\_\_\_ Check here if you 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: \_\_\_\_\_

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

<b>FOR OFFICE USE ONLY</b> Parent Code 1: _____
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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

<b>FOR OFFICE USE ONLY</b> Additional Contact Code 2: _____
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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

<b>FOR OFFICE USE ONLY</b> Additional Contact Code 3: _____
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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