

# 4-H Enrollment Form

Club: \_\_\_\_\_

<b>FOR OFFICE USE</b> County Code: _____ Club Code: _____ Member Code: _____
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**Category (Circle One):** 1) Member    2) Cloverbud/Mini 4-H    3) Organizational Leader    4) Activity Leader  
5) Project Leader    6) Resource Leader    7) 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: \_\_\_\_\_ Soc Sec Number: \_\_\_\_\_ - \_\_\_\_\_ Year In 4-H: \_\_\_\_\_

Youth Leader \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4-H Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Other 4-H Memberships: \_\_\_\_\_ **Family Email:** \_\_\_\_\_

**Leader Type (circle)**    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	_____

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

Member Signature \_\_\_\_\_ Leader Signature \_\_\_\_\_

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# 4-H Enrollment Form

Meigs County

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

<b>FOR OFFICE USE</b> Parent Code 1: _____
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Parent Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

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

Home Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_

Occupation (optional): \_\_\_\_\_

**Parent Type (circle one):** Primary Parent    Additional Parent    Other

Legal Guardian: Yes / No                      Send Mailing: Yes / No                      \_\_\_\_\_

<b>FOR OFFICE USE</b> Additional Contact Code 2: _____
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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

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

Home Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_

Occupation (optional): \_\_\_\_\_

**Contact Type (circle one)**    Primary Contact    Additional Contact    Other

Legal Guardian: Yes / No                      Send Mailing: Yes / No                      \_\_\_\_\_

<b>FOR OFFICE USE</b> Additional Contact Code 3: _____
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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

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

Home Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_

Occupation (optional): \_\_\_\_\_

**Contact Type (circle one)**    Primary Contact    Additional Contact    Other

Legal Guardian: Yes / No                      Send Mailing: Yes / No                      \_\_\_\_\_