

4-H Enrollment Form

Club Name _____ Date _____

FOR OFFICE USE ONLY

County Code: 046 Club Code: _____ Member Code: _____

Category (check one): Member Cloverbud Organizational Leader Activity Leader
 Project Leader Resource Leader Special Other for Mailings

Enrollment Type (check one): New Enrollment Re-Enrollment Drop From Club
 Years as Cloverbud Years in 4-H (age 9-19)

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ State _____ Zip _____

School _____ Social Security # _____ - _____ - _____

Youth Leader Gender _____ Birthday _____ Age _____ Grade _____

Other 4-H Memberships _____ E-mail _____

Leader Type (check one) Direct Volunteer Indirect Volunteer Middle Manager

Ethnic (check one) Hispanic Not Hispanic

Race (check one) White Black White & Black Alaskan/Amer. Indian Asian
 Hawaiian/Pac. Island White & Alaskan/Amer. Ind. White & Asian
 Black & Alaskan/Amer. Ind. Other _____

Residence (check one) Farm Rural/10,000 Town/10-50,000 Suburb/50,000 City

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

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 other media) for educational programs, websites or promotion of Extension programs _____

Parent Signature

_____ I do not want Extension to reveal my name, address, or telephone number as a part of public record or list.

I want the Extension office to be aware of the following disability: _____

Member Signature _____ Leader Signature _____

Parent/Guardian Signature _____

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

Parent Information - 1

Parent Last Name _____ Parent First Name _____ M.I. _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ Ext. _____
Occupation (optional) _____
Parent Type (check one) Primary Parent Additional Parent Other _____
Legal Guardian: Yes/No Send Mailings: Yes/No Email Address _____

Parent Information - 2

Parent Last Name _____ Parent First Name _____ M.I. _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ Ext. _____
Occupation (optional) _____
Parent Type (check one) Primary Parent Additional Parent Other _____
Legal Guardian: Yes/No Send Mailings: Yes/No Email Address _____

Current Military Status:

Parent 1:

N/A Active Inactive Retired Reserve National Guard Branch _____

Parent 2:

N/A Active Inactive Retired Reserve National Guard Branch _____

Newsletter: We would like to receive the 4-H Newsletter: By email By mail

Code of Conduct:

As a volunteer, member and member parent(s) of the Seneca County 4-H program, we have read and agree to abide by the Volunteer and Member Code of Conduct and accept the terms for consequences of inappropriate behavior. Signatures Required

Member/Volunteer Signature

Parent/Guardian Signature

Membership Fee Paid: ___/___/___ Cash or Check # _____ Fee Waived ___