

# ERIE COUNTY 4-H LEADER ENROLLMENT FORM

Yellow - Leader

Program Year – October 2, 20\_\_\_\_ thru September 30, 20\_\_\_\_

4-H Club Name \_\_\_\_\_  
 & Code #: \_\_\_\_\_ New Leader OR Re-Enrollment  
 (please circle one)

Circle One:      Organizational Leader                      Project Leader                      Resource Leader

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

For Educational Research Purposes Only <i>Please Circle</i>	Ethnic: Race: Residence:	• Hispanic • Am. Indian • Farm	• Not Hispanic • Asian • Rural-Under 10,000	• Black • White • Town 10,000-50,000	• Hispanic • Suburb Over 50,000	• City Over 50,000
Member Handicapped:	<input type="checkbox"/> - Yes	<input type="checkbox"/> - No				

Family E-mail address: \_\_\_\_\_ Sex:    Male    Female (please circle)  
 (please print clearly)

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade: \_\_\_\_\_      School: \_\_\_\_\_  
**(Leader - Optional)**

Other 4-H Clubs associated with: \_\_\_\_\_

Project Name (Please list at least one Project)	Project Code	Years in Project
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE:** Personal information is used within the 4-H Program only. Cornell Cooperative Extension of Erie County *does not* reveal any names, addresses or telephone numbers as part of a public record or list.

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY. IF YOU AGREE, PLEASE CHECK ✓**

\_\_\_\_\_ Cornell Cooperative Extension of Erie County is granted permission to use and/or publish my child's photograph or image(including audio, film, digital image or any other media) for educational programs, websites or promotion of Extension programs.

\_\_\_\_\_ I would like to be part of a Leader's Directory to share information, projects or training with other leaders, parents and members

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

Organizational Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_