



Cornell University
Cooperative Extension
Putnam County

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4-H MEMBER ENROLLMENT FORM

Club Name (s): _____
(Please note: if your child is not enrolled or enrolling in a specific club, please write Independent Member)

Category (Circle One): **M**-4-H Member (9 & older) **C**-Cloverbud (5-8)

Enrollment Type (Circle One): **N**-New Enrollment **R**-Re-Enrollment

Youth Last Name: _____ **Youth First Name:** _____ **M.I.:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone _____ **School:** _____ **How many years in 4-H:** _____

Youth's Email: _____

Gender: M F **Birthdate:** / / **Grade:** ____

Ethnicity: Caucasian African Am. Hispanic Am. Indian Asian Am. Mixed

**Filling in your ethnicity is optional, however, if you do not indicate your ethnic background the computer will automatically choose Caucasian.*

- Yes / No (please circle one) Do you require an accommodation for a disability to participate in this program?
If yes, please list: _____
- 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

Please return this form along with your Enrollment/Re-Enrollment Fee of \$15 per member& Medical Release Form to our office: *Please make checks payable to Cornell Cooperative Extension/4-H*

Parent/Guardian Signature: _____ **Date:** _____

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C:\my doc\4-h\enrollment form

Building Strong and Vibrant New York Communities

10/06

Parent/Guardian Information

Parent 1: Primary Parent Legal Guardian

Last Name: _____ First Name: _____

Address: _____ City: _____ State _____ Zip: _____

Occupation/Business: _____

Home Phone: _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Current Military Status: N/A Active Duty Retired Reserve National Guard

Branch of Service: Army Air Force Marine Navy Coast Guard

Name, Age, Birth date of all children (even those not enrolled in 4-H):

Please check the ways you would be willing to support the 4-H program:

- | | |
|---|---|
| <input type="checkbox"/> Volunteer in office (answering phones, typing, filing, etc.) | <input type="checkbox"/> Chaperone local or statewide events |
| <input type="checkbox"/> Assist with Marketing/Computer Graphics | <input type="checkbox"/> Be a guest speaker or teach a workshop |
| <input type="checkbox"/> Help write grants | <input type="checkbox"/> Help organize fundraisers |

Special skills I have and might be willing to share:

- Arts & Crafts Carpentry/Woodworking Outdoor Education (Nature, Science, Hiking)
 Cooking/Baking Other: _____

Parent 2: Primary Parent Legal Guardian

Last Name: _____ First Name: _____

Address: _____ City: _____ State _____ Zip: _____

Occupation/Business: _____

Home Phone: _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Current Military Status: N/A Active Duty Retired Reserve National Guard

Branch of Service: Army Air Force Marine Navy Coast Guard

Please check the ways you would be willing to support the 4-H program:

- | | |
|---|---|
| <input type="checkbox"/> Volunteer in office (answering phones, typing, filing, etc.) | <input type="checkbox"/> Chaperone local or statewide events |
| <input type="checkbox"/> Assist with Marketing/Computer Graphics | <input type="checkbox"/> Be a guest speaker or teach a workshop |
| <input type="checkbox"/> Help write grants | <input type="checkbox"/> Help organize fundraisers |

Special skills I have and might be willing to share:

- Arts & Crafts Sewing Carpentry/Woodworking Outdoor Education (Nature, Science, Hiking)
 Cooking/Baking Other: _____