

4-H New Enrollment Form - Leaders

(This form must be received to 4-H Office by May 1 of current 4-H Year)

Washington County

Club Name: _____

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

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: _____

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

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

Branch of the Service: [] Army [] Air Force [] Marine [] Navy [] Coast Guard

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

____ I give permission for the 4-H office to use a photograph of myself for publicity.

____ I do not want the 4-H office to reveal my name, address, or phone number as part of public record or list.

Signature: _____

Organizational Leader Signature: _____

Date: _____