



Virginia Cooperative Extension

4-H Member Enrollment*

REVISED 2006

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Date _____

1. Name _____
LAST FIRST MI

2. Mailing Address _____
RFD AND BOX NUMBER OR STREET NAME AND NUMBER
CITY OR TOWN STATE ZIP

3. Home Phone (_____) _____ 4. Alternate Phone (_____) _____

5. Birthdate ____/____/____
Month/Day/Year

8. Racial Groups (circle all that apply)
White
Black or African American
American Indian or Alaskan Native
Asian
Native Hawaiian or Other Pacific Islander

9. Residence (circle one)
Farm
Rural Non-farm or town less than 10,000
Town/City 10,000 to 50,000
Suburb
City over 50,000

6. Gender (circle one)
Male
Female

7. Hispanic Ethnicity (circle one)
Hispanic or Latino
Not Hispanic or Latino

10. Grade in school _____ 11. Name of School _____

12. Years in 4-H, Counting this year _____ 13. Email (if available) _____

14. Parent/Guardian Name _____

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I understand that some of the above information is considered private. This information will be used for programming purposes and given to people responsible for each program.

Signature of Parent/Guardian* _____ Date: _____

*Add, if appropriate, the name, address, and telephone number of second parent, if not residing at address above.

Signature of Youth _____ Date: _____

Check box if you decline permission for photos to be taken.

15. Projects to be Conducted (see list on back)

CODE	PROJECT NAME
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

16. Teen Leader _____ Yes _____ No

17. Office held this year (circle)

- 1 President
- 2 Vice President
- 3 Secretary
- 4 Treasurer
- 5 Reporter
- 6 Recreation Leader
- 7 Other _____

18. Name of 4-H Club(s) or Group(s) _____ 19. All Star _____ Yes _____ No

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