4-H Enrollment Form

Name of 4-H Group/Unit ____________________________________________ Year: __________

Member Name: ____________________________________________________

First ___________ Middle ___________ Last ___________

Address: __________________________________________________________

Street Address __________________________________ City ___________ State ___________ Zip Code ___________

Phone: (__) __________________________ Email: ________________

_________________________ __________________________

Gender*: __ Male __ Female Date of Birth: _____________ Grade: ______ School Attending: ________________________

Do you Live*: _______ Farm _______ Town under 10,000 or rural non-farm _______ City over 50,000 people _______ Suburbs of city over 50,000 people _______ City 10,000-50,000 people _______ Military Installation: ________________________

Do you have parent/guardian(s) active in the military? Yes _______ No _______ If yes, circle all that apply: Army Air Force Navy Marines Coast Guard National Guard (Air & Army) Reserves

Ethnic group*: A. Choose One ______ Hispanic or Latino ______ Non-Hispanic or Latino

B. Choose all that apply:

____ White or Caucasian ______ Asian

____ Black or African American ______ Native Hawaiian or other Pacific Islander

____ American Indian or Alaska Native ______ Other ______

Parent or Guardian: ________________________________________________

Address: _________________________________________________________

Street Address __________________________________ City ___________ State ___________ Zip Code ___________

Phone: (__) __________________________ Area Code __________________________ Email (if applicable)

_________________________ __________________________

Area Code Daytime/Cell phone __________________________ Home phone __________________________

Additonal Parent or Guardian: __________________________________________

Address: _________________________________________________________

Street Address __________________________________ City ___________ State ___________ Zip Code ___________

Phone: (__) __________________________ Area Code __________________________ Email (if applicable)

_________________________ __________________________

Area Code Daytime/Cell phone __________________________ Home phone __________________________

1. A parent or guardian should sign below whichever statement you wish to apply to the youth’s involvement in 4-H programs.

I agree to allow 4-H to take photographs/audio/video of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.

I do not wish for 4-H to take photographs of my child for use in 4-H or N.C. Cooperative extension educational, promotional, or marketing purposes.

2. The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The youth should initial here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. __________________________

* This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.