



The University of Arizona Cooperative Extension  
**4-H YOUTH ENROLLMENT FORM** \_\_\_\_\_ Year



NAME \_\_\_\_\_  
 (LAST) (FIRST) (MI)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ALT. PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

GENDER:  Male  Female GRADE \_\_\_\_\_ SCHOOL DISTRICT \_\_\_\_\_  
 (In which you reside)

HISPANIC ETHNICITY (check one):  Hispanic or Latino -OR-  Not Hispanic or Latino

**RACIAL GROUP(S)** (check all that apply, must check at least one):

- (A) having origins in any of the original peoples of Europe, North Africa, or the Middle East
- (B) having origins in any of the black racial groups of Africa
- (C) having origins in any of the original peoples of North, Central, and South America, and who maintain tribal affiliation or community attachment
- (D) having origins in any of the original peoples of the Far East, Southeast Asia, of the Indian Sub-continent, including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam
- (E) having origins in any of the original peoples of Hawaii, Guam, Samoa, Micronesia, the Northern Marianas or other Pacific Islands

YEARS IN 4-H \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**RESIDENCE** (check one):

- (1) Farm or ranch
- (2) Town under 10,000 & rural non-farm
- (3) Town & City 10,000 - 50,000
- (4) Suburbs of Cities over 50,000
- (5) Central City of over 50,000

**YOUTH VOLUNTEER TYPE**

- Direct (Junior or Teen Leader, Camp Counselor, Project leader)
- Indirect (Member of Council, Board or committee beyond club/unit)
- Middle (Serving or Leading Other Volunteers)

EMERGENCY CONTACT (other than parent) \_\_\_\_\_  
 (Name and Phone/Cell Phone/Pager)

**PARENT/GUARDIAN INFORMATION**

Name Occupation Work Phone Legal Guardian?  
 \_\_\_\_\_  
 \_\_\_\_\_

CLUB/UNIT NAME \_\_\_\_\_ COMMUNITY CLUB LEADER SIGNATURE \_\_\_\_\_

PROJECT CODE	PROJECT NAME/LEADER NAME OR I FOR INDEPENDENT	YEARS IN PROJECT

PROJECT CODE	PROJECT NAME/LEADER NAME OR I FOR INDEPENDENT	YEARS IN PROJECT

SIGNATURE OF YOUTH \_\_\_\_\_ DATE \_\_\_\_\_  
 \_\_\_By initialing here, I give permission for Cooperative Extension to use photos of me for promotional purposes.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
 (Signature acknowledges that the youth is enrolled in 4-H)  
 \_\_\_By initialing here, I give permission for Cooperative Extension to use photos of my son/daughter for promotional purposes