



The University of Arizona Cooperative Extension
4-H CLOVERKID ENROLLMENT FORM
 Youth Between the Ages of 5-8 as of Jan. 1st of the Current 4-H Year



NAME _____ (LAST) _____ (FIRST) _____ (MI) _____ MEMBER ID# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

HOME PHONE _____ ALT. PHONE _____ BIRTH DATE ____/____/____

GENDER Male Female GRADE _____ SCHOOL DISTRICT _____ AGE _____

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

RACIAL GROUP(S) (mark 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 (include current year) _____ E-MAIL ADDRESS _____

RESIDENCE (mark 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, or Board/Committee beyond club/unit)
- Middle (Serving or Leading Other Volunteers)

EMERGENCY CONTACT (other than parent/guardian) _____

Relation _____ Home Phone _____ Cell Phone _____

PARENT/GUARDIAN INFORMATION

Name _____ Relation _____ Occupation _____

Work Phone _____ Cell Phone _____

CLUB/UNIT NAME: _____

Clover Kids May Not Enroll in Separate Projects

SIGNATURE OF YOUTH _____ DATE _____

_____ By initialing here, I give permission for Cooperative Extension to use photos of me for promotional purposes.

SIGNATURE OF PARENT/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 child for promotional purposes.

SIGNATURE OF 4-H LEADER FOR CLUB IN WHICH ENROLLED IN: _____