



The University of Arizona Cooperative Extension 4-H YOUTH ENROLLMENT FORM



PLEASE PRINT CLEARLY

NAME _____
(LAST) (FIRST) (MI)

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ - _____

HOME PHONE _____ **CELL PHONE** _____ **DATE OF BIRTH** ____/____/____

GENDER: Male Female

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

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

GRADE _____ **SCHOOL DISTRICT** _____ **YEARS IN 4-H** _____
(In which you reside)

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)

E-MAIL ADDRESS _____

PARENT/GUARDIAN INFORMATION

Name	Occupation	Legal Guardian?
_____	_____	_____
_____	_____	_____

ARE EITHER/BOTH PARENTS/GUARDIANS IN THE MILITARY YES NO IF YES, WHICH BRANCH? (Check all that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Army Active Duty | <input type="checkbox"/> Army National Guard | <input type="checkbox"/> Army Reserves | <input type="checkbox"/> Air Force Active Duty |
| <input type="checkbox"/> Air Force National Guard | <input type="checkbox"/> Air Force Reserves | <input type="checkbox"/> Navy Active Duty | <input type="checkbox"/> Navy Reserves |
| <input type="checkbox"/> Marine Corps Active Duty | <input type="checkbox"/> Marine Corps Reserves | <input type="checkbox"/> Coast Guard Active Duty | <input type="checkbox"/> Coast Guard Reserves |

WORK PHONE _____

CELL PHONE _____

E-MAIL ADDRESS _____

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

CLUB/UNIT NAME _____

PROJECT CODE	PRIMARY PROJECT NAME	PROJECT CODE	OTHER PROJECT NAME
PROJECT CODE	SECONDARY PROJECT NAMES		

ALLOW NEWSLETTER NOTIFICATION VIA E-MAIL? YES NO

SIGNATURE OF MEMBER _____ DATE _____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE _____

(Signature acknowledges that the youth is enrolled in 4-H)

MEDIA RELEASE

From time to time photographs, videos, and/or audio clips may be taken of youth and adults engaging in Cooperative Extension programs and activities.

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SIGNATURE OF MEMBER _____ DATE _____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE _____

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, James A. Christenson, Director, Cooperative Extension, College of Agriculture & Life Sciences, The University of Arizona.

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