



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



NAME _____ (LAST) _____ (FIRST) _____ (MI)

ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

HOME PHONE _____ ALT. PHONE _____ SCHOOL DISTRICT _____

GENDER: ' Male ' Female GRADE _____ DATE OF BIRTH ____/____/____ (In which you reside)

HISPANIC ETHNICITY (check one): ' Hispanic or Latino -OR- ' Not Hispanic or Latino _____ Birth Date Verified By Key Leader

- RACIAL GROUP(S)** (check all that apply, must check at least one):
- ' - (A) **White** - having origins in any of the original peoples of Europe, North Africa, or the Middle East
 - ' - (B) **Black or African American** - having origins in any of the black racial groups of Africa
 - ' - (C) **American Indian or Alaskan Native** - having origins in any of the original peoples of North, Central, and South America, and who maintain tribal affiliation or community attachment
 - ' - (D) **Asian** - 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) **Hawaiian or Pacific Islander** - 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 _____

Program Development Fee" (PDF) \$10.00 A member only has to pay once no matter how many clubs or projects they belong to. The PDF will be used to purchase club insurance for all members in Mohave County and for newsletter and other mailing costs.

Program Development Fee Paid: Check One
 CASH \$10.00 _____
 Blue Multi-Club Form _____
 Fee Waiver Form _____

Checks Payable to: The University of Arizona

PROJECT CODE	PROJECT NAME

PROJECT CODE	PROJECT NAME

OVER for Signatures

MOHAVE COUNTY 4-H MEMBERSHIP REQUIREMENTS

The 4-H Program is open to ALL young people regardless of race, color, national origin, sex, religion, or disability, who are at least 5 years of age for the Clover Kid program and 9 years of age for the CLUB Program prior to January 1 and not 19 years of age by January 1 of the 4-H Club year in which they enroll.

Members must complete the following requirements in order to remain a "Member in Good Standing."

1. 75% attendance at club level
2. Demonstration given on the Club or County level
3. Participate in at least ONE County event prior to the County Fair
4. Exhibit in EACH project to be completed
5. Submit a completed and up-to-date Record Book at the end of the 4-H year.

I understand my photo could be taken at 4-H events and used for publicity or documentation purposes. I withdraw permission by initialing here ____.

I give permission for my (son or daughter) to participate in the Mohave County 4-H Program and it's activities. I have read and understand the above Member Completion Requirements.

SIGNATURE OF YOUTH _____

DATE _____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____
(Signature acknowledges that the youth is enrolled in 4-H)

DATE _____

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Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the Administrative Assistant, at (928) 753-3788. Requests should be made as early as possible to allow time to arrange the accommodation.