



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



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

ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

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

GENDER: 9 Male 9 Female GRADE _____ SCHOOL DISTRICT _____

HISPANIC ETHNICITY (check one): 9 Hispanic or Latino -OR- 9 Not Hispanic or Latino

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

- 9 - (A) having origins in any of the original peoples of Europe, North Africa, or the Middle East
- 9 - (B) having origins in any of the black racial groups of Africa
- 9 - (C) having origins in any of the original peoples of North, Central, and South America, and who maintain tribal affiliation or community attachment
- 9 - (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
- 9 - (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):

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

YOUTH VOLUNTEER TYPE

- 9 - Direct (Teacher, Project or Club Leader)
- 9 - Indirect (Member of Council, Board or committee beyond club/unit)
- 9 - 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? _____
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CLUB/UNIT NAME _____

PROJECT CODE	PROJECT NAME	PROJECT CODE	PROJECT NAME

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