

mobility assistance, diagnosed illness or disability, etc.).

Extension Center for 4-H Youth Development Individual Enrollment Form

Office Use Only
Date Member Entered
Club/Unit #

Club name			County		
Name of 4-H member			Birthday _		
Mailing address					
			City/Town	State Z	ZIP code
Phone	Email address _				
Name of school			Grade Years in 4-H		
List three topics you are interested in:					
Are you working toward your U.S. Congress	ional Award? Yes	s No			
Do you have a parent or guardian in the mili	tary? Yes N	No			
If yes, what branch?		Activ	e National Guard	l Reserve	
Are you a member of a 4-H military club?	Yes No				
Please list any health considerations your loc	al MSII Extension off	ice should kn	ow about (food allergies	s seizures use of I	IniDen

The purpose of the following section is only to gather statistics and determine compliance with civil rights laws. **Ethnicity:** Sex: Residence: Hispanic or Latino Male Farm Not Hispanic or Latino Female Rural area or town of less than 10,000 Town or city of 10,000-50,000 Race (mark all that apply): American Indian or Alaska Native Suburb of a city more than 50,000 Asian City of more than 50,000 Black or African American Native Hawaiian or Other Pacific Islander White Other/Not Identified Other Parent/Guardian: **Primary Parent/Guardian:** Address _____ Address Occupation Occupation Email Email Have you ever been a member of 4-H? No Have you ever been a member of 4-H? Yes Yes No Are you interested in assisting with club activities? Yes Are you interested in assisting with club activities? Yes No **Applicant:** I have read and completed this enrollment form.

Form 135 (POD-06-25)

4-H'er

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Date

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Date

4-H Leader

Date

Parent/Guardian

Produced by Agricultural Communications.

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