4-H Enrollment Form

Name of 4-H Group/Unit: ____________________________ Year: __________

Member Name: ______________________________________

First                                      Middle                                      Last

Address: ______________________________________________________

Street Address                           City                                    State            Zip Code

Phone: (____) ___________________________ Email: ___________________________

Gender*:  ☐ Male    ☐ Female Date of Birth: ___________ Grade: _______ School Attending: ___________________

Do you live*:  ☐ Farm  ☐ City over 50,000 people
(Choose only one) ☐ Town under 10,000 people or rural non-farm  ☐ Suburbs of city over 50,000 people
☐ City 10,000-50,000 people  ☐ Military installation: __________________________

Do you have parent/guardian(s) active in the military? Yes  ☐ No

If yes, circle all that apply: Army  Air Force  Navy  Marines  Coast Guard  National Guard(Air & Army)  Reserves

Ethnic group:*  A. Choose One:  ☐ Hispanic or Latino  ☐ Non-Hispanic or Latino

B. Choose all that apply:
☐ White or Caucasian  ☐ Asian
☐ Black or African-American  ☐ Native Hawaiian or other Pacific Islander
☐ American Indian or Alaska Native  ☐ Other __________________________

Parent or Guardian: ____________________________________________

First                                      Middle                                      Last

Address: ______________________________________________________

Street Address                           City                                    State            Zip Code

Phone: Area Code ___________________________ Daytime/Cell phone (____)

Area Code Home phone (____)            Email (if applicable)

Additional Parent or Guardian: ____________________________________________

First                                      Middle                                      Last

Address: ______________________________________________________

Street Address                           City                                    State            Zip Code

Phone: Area Code ___________________________ Daytime/Cell phone (____)

Area Code Home phone (____)            Email (if applicable)

1. A parent or guardian should sign below whichever statements you wish to apply to the youth’s involvement in 4-H programs.

I agree to allow 4-H to take photographs of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.

I do not wish for 4-H to take photographs of my child for use in 4-H or N.C. Cooperative Extension educational, promotional or marketing purposes.

2. The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The youth should initial here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities: ___________

*This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

For office use only
4-H Membership # __________
Date entered: __________

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