4-H Enrollment Form

Name of 4-H Group/Unit: __________________________ Year: ____________

Member Name: __________________________________________

Address: ________________________________________________

Street Address ....................................................... City ........................................ State .......... Zip Code ........

Phone: (____) __________________________ email: ______________

Gender*: ☐ Male ☐ Female Date of Birth: ______________ Grade: ______ School Attending: __________________________

Do you live*: ☐ Farm (Choose only one) ☐ City over 50,000 people
☐ 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: __________________________________________

Address: ________________________________________________

First Middle Last

Street Address ....................................................... City ........................................ State .......... Zip Code ........

Phone: Area Code Daytime/Cell phone Area Code Home phone __________________________

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/audio/video 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 ensuring that this program is administered in a nondiscriminatory manner.

For office use only

4-H Membership # __________________________

Date entered: __________________________

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