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  □ City 10,000-50,000 people
□ Town under 10,000 people or rural non-farm  □ Suburbs of city over 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: ___________________________ ___________________________ ___________________________

Additional Parent or Guardian: _______________________________________________________________________
First       Middle      Last

Address: ___________________________________________________________________________
Street Address                          City                          State                          Zip Code

Phone: ___________________________ ___________________________ ___________________________

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 assuring that this program is administered in a nondiscriminatory manner.

For office use only

4-H Membership # __________
Date entered: __________

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NC STATE UNIVERSITY

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Revised 11/6/2006