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: ___________________________ ___________________________ ___________________________
                      Area Code          Daytime/Cell phone          Area Code          Home phone          Email (if applicable)

Gender*: __ Male __ Female          Date of Birth: ___________________________ Grade: _______ School Attending: ___________________________

Do you Live*:  ___ Farm
(Choose only one) ___ Town under 10,000 or rural non-farm ___________________________
                     ___ City over 50,000 people ___________________________
                     ___ City 10,000-50,000 people ___________________________
                     ___ 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: (___) ___________________________ ___________________________ ___________________________
                      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 statement 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.

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