Florida 4-H New Member Enrollment Form

**Family Profile Information**

4-H County: ___________________________ Family Email: ___________________________

Family Last Name: ___________________________ Address: ___________________________

City: __________________ Zip: __________ Primary Telephone Number: (____)___________

Correspondence Preference: _____ Email _____ Mail

**Member Profile Information**

Member Email (if different): ___________________________ First Name: ___________________________

Middle Name: __________ Last Name: ___________________________ Preferred Name: ___________________________

Address: (if different) __________ City: ___________________________

State: ______ Zip Code: __________ Birth Date: _____/_____/_______ Gender: ☐ Male ☐ Female

Primary Phone: (____)_____________ Cell Phone: (____)_____________

Years in 4-H, including current year: ______ Parent/Guardian 1: Last Name: _______________ First Name: _______________

Cell Phone: (____)_____________ Work Phone: (____)_____________

Parent/Guardian 2: First Name: _______________ Last Name: _______________

Cell Phone: (____)_____________ Work Phone: (____)_____________

Address: (if different) __________ City: __________ Zip: __________

Home Phone if different: ___________________________ Parent 2 Email if different: ___________________________

**Are you a Volunteer?** ☐ No ☐ Yes ☐ Youth Volunteer ☐ Adult Volunteer

**Ethnicity:** Are you of Hispanic ethnicity? ☐ No ☐ Yes

**Race:** ☐ White ☐ Black ☐ Asian ☐ American Indian or Alaskan ☐ Native Hawaiian or Pacific Islander

**Residence:** ☐ Farm ☐ Town Under 10,000 or rural non-farm ☐ Town/city 10,000-50,000 ☐ Suburb of city more than 50,000 ☐ Central city more than 50,000

**Family Member Military Service:** ☐ None serving ☐ A parent is serving ☐ Myself, and/or my spouse is serving

**Branch of Service:** ☐ Air Force ☐ Army ☐ Coast Guard ☐ Navy ☐ Marines

**Branch Component:** ☐ Active Duty ☐ National Guard ☐ Reserves

**School Grade:** ______

**Volunteer Information**

**Volunteer Status:** ☐ First a Year ☐ Returning ☐ If a project leader—what project(s): ___________________________

Are you a volunteer through another agency? ☐ No ☐ Yes ☐ Partner agency has memorandum of understanding: ☐ No ☐ Yes

Teacher or Coordinator: ☐ No ☐ Yes ☐ Which Agency: ___________________________

Have you attended the Southern Region Teen Leader Forum? ☐ No ☐ Yes

**Completed camp counselor training this year:** ☐ No ☐ Yes ☐ Served as a camp counselor: ☐ No ☐ Yes

Your club volunteer role: ___________________________ County volunteer role: ___________________________

District volunteer role: ___________________________ State volunteer role: ___________________________

Committees Serving on (include level): ___________________________

Will work directly with youth, 3 or more times with the same youth members: ☐ No ☐ Yes

Return this enrollment form to your county extension office. For a county directory go to: http://solutionsforyourlife.com/map/

Rev 7/13/2010
**Additional Information**

In 4-H in another state? What states? ___________________________________________ Your experiences in this state(s): ___________________________________________

Please send email or newsletters about 4-H: ☐ No  ☐ Yes  Keep me on the list after High School: ☐ No  ☐ Yes

Disability: Do you require accommodations for a disability to participate in 4-H programs?  ☐ No  ☐ Yes  Describe disability/assistance needed:

____________________________________________________

**School attending:** ☐ Public ☐ Private ☐ Home  School full name: __________________________________________

School is in my 4-H county: ☐ No  ☐ Yes

**Club Participation Information**

4-H county of enrollment:  ☐ I’m in 4-H in 2 counties  ☐ My 4-H county is not the county I live in.

My club in my second county: ____________________________.

My project in my second county: ____________________________.

My years in this project: ______

Did you attend any of these overnight camps last year?  ☐ County Camp  ☐ OMK Military Camp  ☐ Horse State Camp  ☐ Marine State Camp  ☐ Shooting Sports/Fishing Camp  ☐ Gator Adventures Camp

Leadership role in my primary club: ☐ youth leader  ☐ activity leader  ☐ council delegate  ☐ president  ☐ vice-president  ☐ secretary  ☐ treasurer  ☐ reporter  ☐ historian  ☐ parliamentarian  ☐ recreation leader  ☐ sergeant at arms

Leadership role in my Secondary club: ☐ youth leader  ☐ activity leader  ☐ council delegate  ☐ president  ☐ vice-president  ☐ secretary  ☐ treasurer  ☐ reporter  ☐ historian  ☐ parliamentarian  ☐ recreation leader  ☐ sergeant at arms

**Project Participation Information**

To be a 4-H member you must enroll in at least one project. For a list of projects and project literature go to [http://florida4h.org/projects/index.shtml](http://florida4h.org/projects/index.shtml).

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<th>Project Title</th>
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**Program Fees if Applicable:**

Club Fee/Dues Paid $________________________  ☐ Personal Insurance Fee of $1 paid.

☐ Personal Insurance Fee of $2 paid for Horse Project Members.

☐ Purchase of Project Books  Due $_______  Paid $_______  Bal. Due: $__________

Total Amount Paid: $__________________  Paid by Check ☐  Check #_______  Paid by Cash ☐