

**2009-10 4-H NEW Member / NEW Leader Enrollment Form
Kent County**

Club Name: _____ 4-H ID Number: _____
(assigned by 4-H office)

Category (Circle One): 1) Member (ages 8-19) 2) Cloverbud (ages 5-7)
3) Organizational Leader 4) Project Leader 5) Activity Leader

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Birthday: __/__/__ Gender: M / F Grade: _____

Email: _____ Home Phone: _____

Residence (circle one): 1) Farm 2) Rural 3) Dover or Suburb

Ethnic (please circle one): 1) Hispanic 2) Not Hispanic

Race (circle ALL that apply): 1) White 2) Black/Af. American 3) Alaskan/Am. Ind. 4) Asia 5) Hawaiian/Pac.Island

Project Name or Project Code for projects you intend to work in (please list at least one)

_____ | wish to receive the 4-H Catalog _____ | wish to receive the 4-H Newsletter

_____ | authorize the University of Delaware to record & photograph my image and/or voice for use in research, educational & promotional programs.

_____ Are you a transfer member from another club? If so, what club? _____

Do you have any family members currently serving in the active military, National Guard, or Reserves? YES or NO

If so, what branch of service? _____

Leaders ONLY -- Leader Type (circle one): 1) Direct Volunteer 2) Indirect Volunteer

List Activities you are involved in:

Leaders, skip parent info, provide work phone, cell phone, and please sign member line.

All Project and Activity Leaders must have Club Organizational Leader's Signature and date.

Mother Last Name: _____ First Name: _____

Parent Type (circle one): 1) Primary Parent 2) Additional Parent 3) Other _____

Father Last Name: _____ First Name: _____

Parent Type (circle one): 1) Primary Parent 2) Additional Parent 3) Other _____

Address (if different from 4-H member): _____

Work Phone **Mother:** _____ **Father:** _____

Cell Phone **Mother:** _____ **Father:** _____

*****PLEASE MAKE SURE ALL SIGNATURES AND DATE ARE FILLED IN BELOW*****

Member Signature _____ Leader Signature _____

Parent Guardian Signature _____ Date _____