

2009-10 4-H NEW MEMBER/LEADER ENROLLMENT FORM - SUSSEX COUNTY

Club: _____

4-H ID NUMBER
(assigned by 4-H office)

Category (check one): ___ 1) Member ___ 2) Cloverbud ___ 3) Organizational Leader
 ___ 4) Activity Leader ___ 5) Project Leader ___ 6) Resource Leader ___ 7) Special

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

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

School: _____ Birthday:

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 Gender: ___ M/F Grade: _____

Residence (circle one): 1) Farm 2) Rural/Small Town

Email: (Print in block letters) _____ @ _____ Years in 4-H (including this one) _____

Twitter Account (If applicable) _____

Ethnic (check one): ___ 1) Hispanic ___ 2) Not Hispanic

Race: (check ALL that apply): ___ 1) White ___ 2) Black ___ 3) Alaskan/American Indian
 ___ 4) Asian ___ 5) Hawaiian/Pacific Island

Project Name: (Must have at least one) **Project Code** **Need Literature? Yes/No**

If you are a Leader - Leader Type (check one): ___ **Direct Volunteer** ___ **Indirect Volunteer**

If you are a Leader: List Activities you are involved in: _____

I wish to receive the 4-H catalog Yes ___ No ___

I authorize the University of Delaware to record & photograph my image and/or voice for use in research, educational & promotional programs. Yes ___ No ___

Are you a transfer member from another club? What club? _____

Do you have any family members currently serving in the active military, National Guard or Reserves?
Yes ___ No ___ **If so, what branch of service?** _____

Home Phone: **Parent 1 (cell):**

Parent 2 (cell): **Youth Cell Phone:**

Parent 1 Last Name: _____ **First Name** _____ **Legal Guardian:** Yes No
Parent Type (check one): 1) Primary Parent ___ 2) Additional Parent ___ 3) Other ___

Parent 2 Last Name: _____ **First Name** _____ **Legal Guardian:** Yes No
Parent Type (check one): 1) Primary Parent ___ 2) Additional Parent ___ 3) Other ___

Address if different from 4-H member: _____

Work Phone Parent 1 _____ **Parent 2** _____

Member Signature _____ **Leader Signature** _____

Parent/Guardian Signature _____ **Date** _____