Florida 4-H Youth Development Enrollment Form

Family Profile Information

Club Name: ___________________________ Secondary Club Name: ___________________________

Family Last Name: ___________________________ 4-H County: ___________________________

Address: ___________________________ City: ___________________________ Zip: ___________________________

Family Email Address: ___________________________ Member Email: ___________________________

Member Profile Information

First Name: ___________________________ Middle Name: ___________________________ Last Name: ___________________________

Preferred Name: ___________________________ Address: (if different) ___________________________

City: ___________________________ State: _______ Zip Code: _______ Birth Date: ______/_____/______

4-H Age on September 1 (start of 4-H year): ______

Home Telephone: ( _______ ) ___________________________ Cell Phone: ( _______ ) ___________________________

☐ Community Club ☐ In-School Club ☐ Afterschool Club ☐ Military Club ☐ Individual Member

Parent/Guardian 1: First Name: ___________________________ Last Name: ___________________________

Work Phone: ( _______ ) ___________________________ Cell Phone: ( _______ ) ___________________________

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

Work Phone: ( _______ ) ___________________________ Cell Phone: ( _______ ) ___________________________

Are you a Youth Volunteer? ☐ No ☐ Junior ☐ Intermediate ☐ Senior * If Senior, additional application needs to be completed.

(4-H ages 8-10) (ages 11-13) (ages 14-18)

Gender: ☐ Male ☐ Female 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

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

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

A Family Member is in: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Navy ☐ Marines ☐ National Guard ☐ Reserves

Grade: ______ School: ___________________________ School is in my 4-H County? ☐ Yes ☐ No

☐ In 4-H in a county different from the County I live in. County I Live In: ___________________________

☐ In 4-H in 2 counties My 2nd 4-H County: ___________________________ Club: ___________________________ Project: ___________________________ Year: ______

Disability: Do you require accommodation for a disability to participate in 4-H programs? ☐ Yes ☐ No

Describe Disability/Need: ___________________________

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Years in Project</th>
<th>Project Book Title Needed (go to)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><a href="http://www.florida4h.org/projects/index.shtml">http://www.florida4h.org/projects/index.shtml</a></td>
</tr>
</tbody>
</table>

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 ☐

Club Officer: ☐ President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Reporter

☐ Historian ☐ Parliamentarian ☐ Recreation ☐ Sergeant-at-Arms ☐ County Council Delegate ☐ Other: ___________________________

UF UNIVERSITY OF FLORIDA

IFAS Extension

4-H