

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): _____ Number of years as a member, including current 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: (_____) _____

Adult Volunteer? No Organizational Leader Project Leader Activity Leader Resource Leader **for** Club **or** Group?

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: _____

Project Title	Years in Project	Project Book Title Needed (go to) http://www.florida4h.org/projects/index.shtml

Program Fees if Applicable:
Club Fee/Dues Paid \$ _____
<input type="checkbox"/> Personal Insurance Fee of \$1 paid.
<input type="checkbox"/> Personal Insurance Fee of \$2 paid for Horse Project Members.
<input type="checkbox"/> Purchase of Project Books Due \$ _____ Paid \$ _____ (Bal. Due: \$ _____)
Total Amount Paid: \$ _____
Paid by Check <input type="checkbox"/> Check # _____
Paid by Cash <input type="checkbox"/>

Club Officer: President Vice President Secretary Treasurer Reporter
 Historian Parliamentarian Recreation Sergeant-at-Arms County Council Delegate Other _____