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>
<th>Program Fees if Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td><a href="http://www.florida4h.org/projects/index.shtml">http://www.florida4h.org/projects/index.shtml</a></td>
<td>Club Fee/Dues Paid $_______</td>
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<td>Personal Insurance Fee of $1 paid.</td>
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<td>Personal Insurance Fee of $2 paid for Horse Project Members.</td>
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<td>Purchase of Project Books Due $_______ Paid $_______</td>
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<td>(Bal. Due: $_______)</td>
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<td>Total Amount Paid: $_______</td>
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<td>Paid by Check ☐ Check #_______</td>
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<td>Paid by Cash ☐</td>
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</tbody>
</table>

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

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

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