



Kentucky 4-H Leader Enrollment Form

Club Name: _____ Date: _____

Location of Club Meetings: _____

Check One: Adult Leader Teen Leader

Club Leader Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: **KY** Zip Code: _____

Male Female Date of Birth: _____ Social Security #: _____

Driver's License #: _____ E-Mail: _____

Phone #: _____ Cell/Work #: _____

Do you require an accommodation for a disability to participate in this program? Yes No

If yes, please describe accommodations needed: _____

Are you (check all that apply): White Black Other

Where do you live?: (check one) Farm Town/10-50,000

School District in which you live: _____ Are you a former 4-H Member or Leader? _____

Do you have children currently enrolled in 4-H? _____ How many years have you been a 4-H Leader? _____

I understand that the purpose of 4-H/Youth Development is to develop youth individually and as responsible, productive citizens. I recognize that 4-H is a part of the College of Agriculture Cooperative Extension Service, in which USDA, the University of Kentucky, Kentucky State University and all Kentucky counties share. As a volunteer, I am committing to involve youth regardless of race, color, age, sex, religion, disability, or national origin in educational experiences in cooperation with other 4-H volunteers and Extension personnel.

Signature _____

Date: _____

For Office Use:

Member Code: _____

Unit Code: _____

Participation Code: _____



Disabilities accommodated with prior notification