

Kentucky 4-H Enrollment System (7/04)



County _____

Member Form

Club: _____

FOR OFFICE USE ONLY		
County Code: _____	Club Code: _____	Member Code: _____

- Category (Circle One):** 1) Member 2) Cloverbud/Mini 4-H 3) Organizational Leader
 4) Activity Leader 5) Project Leader 6) Resource Leader
 7) Special

Enrollment Type (Circle One): N-New Enrollment R-Re-Enrollment Drop From Club

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

Address: _____ City: _____ State KY Zip _____

School: _____ Year In 4-H: _____

Youth Leader: _____ Gender: _____ Birthday: ____/____/____ 4-H Age: _____ Grade: _____

Other 4-H Memberships: _____ E-mail: _____

Leader Type (circle one): 1) Direct Volunteer 2) Indirect Volunteer 3) Middle Manager

Ethnic (circle one): 1) Hispanic 2) Not Hispanic

Race (circle all that apply): 1) White 2) Black 3) Alaskan/Am. Ind.
 4) Asian 5) Hawaiian/Pac. Island

Residence (circle one): 1) Farm 2) Rural/10,000 3) Town/10-50,000
 4) Suburb/50,000 5) City/50,000

Project Name	Project Code	Youth Leader	Need Lit.	Year in Project
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____

Do you require an accommodation for a disability to participate in this program? _____

Parent Information

4-H Member (Childs) Last Name: _____ 4-H Member (Childs) First Name: _____ M.I. ____

FOR OFFICE USE ONLY
Parent Code 1: _____

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

Address: _____ City: _____ State _____ Zip _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other

Legal Guardian: Yes / No Sending Mail: Yes / No E-mail: _____

FOR OFFICE USE ONLY
Parent Code 2: _____

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

Address: _____ City: _____ State _____ Zip _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other

Legal Guardian: Yes / No Sending Mail: Yes / No E-mail: _____

Authorization of Use

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- ✓ University Promotion/Advertising
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Signature of Parent or Guardian: _____ Date: _____

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