

# 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:** \_\_\_\_\_

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

**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 \_\_\_\_\_