Herkimer County 4-H Member Enrollment Form

Name of Club 1 ________________________ Name of Club 2 ______________________

Personal Information

*First Name ____________________ Middle Initial ____ *Last Name ______________

Alternate Name ____________________ *County of 4-H Participation __Herkimer____

*Birth Date (MM/DD/YYYY) ____/____/_______

Address Information (Required)

*Street _____________________________________________ *City ____________________________

*State ___ *Zip __________

Township _____________________________

*Primary Phone(____) _____ - _____ Work Phone (____) _____ - ______

Mobile Phone (____) _____ - ______ Other Phone (____) _____ - ______

Best Time to Call? _______________

Primary Email ________________________ Secondary Email ______________________

School ____________________________ Grade ______________

Has health considerations (Yes/No) ______

If yes, please describe:

________________________________________________________________________

Military Family? If yes, please select your branch:

[ ] Active Army [ ] Army Guard [ ] Army Reserve [ ] Active Air Force

[ ] Air Guard [ ] Air Force Reserve [ ] Active Navy [ ] Naval Reserve

[ ] Active Marine Corps [ ] Marine Corps Reserve [ ] Active Coast Guard [ ] Coast Guard Reserve

Demographic Information

Ethnicity (Select One): [ ] Not Hispanic [ ] Hispanic

Gender (Select One): [ ] Male [ ] Female

Race (Select All That Apply): [ ] Asian [ ] White [ ] Black [ ] American Indian [ ] Hawaiian & Pacific Islander

Residence (Select One):

[ ] Farm [ ] Rural or Town of Less than 10,000 [ ] Large Town of 10,000-50,000

[ ] Suburb [ ] City (town of more than 50,000)
Parent Information

Parent or Guardian 1
First Name ______________________ Middle Initial _____  Last Name ___________________________

Address (if different from above): Street _________________________________ City _______________
State: ______  Zip Code __________

Parent or Guardian 2
First Name ______________________ Middle Initial _____  Last Name ___________________________

Address (if different from above): Street _________________________________ City _______________
State: ______  Zip Code __________

Insert your project list here

Photo/Media Release: 4-H event participants may be photographed and videotaped for use in 4-H promotional and educational materials. I authorize 4-H to record my image and/or voice for use by the Land Grant University running my state's 4-H program or its assignees in research, educational and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

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Member Signature: ____________________________________________________________

Parent/Guardian: ______________________________________________________________

Leader Signature: ______________________________________________________________

Date: ____________________

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“Please contact the Cornell Cooperative Extension of Herkimer County office if you have any special needs.”