



Date _____

1. **Name** _____
LAST FIRST MI

2. **Mailing Address** _____
RFD AND BOX NUMBER OR STREET NAME AND NUMBER

CITY OR TOWN STATE ZIP

3. **Home Phone** (_____) _____ 4. **Alternate Phone** (_____) _____

5. **Birthdate** ____/____/____
Month Day Year

6. **Ethnicity** (check one):
 Hispanic or Latino
 Not Hispanic or Latino

7. **Racial Groups** (check all that apply):
 American Indian/Alaskan Native
 Asian
 Black/African American
 Native Hawaiian/Other Pacific Islander
 White

8. **Residence** (check one):
 Farm
 Rural Non-farm or town less than 10,000
 Town/City 10,000 to 50,000
 Suburb
 City over 50,000

9. **Gender:** Male Female

10. **Grade in school** _____ 11. **Name of School** _____

12. **Years in 4-H, Counting this year** _____ 13. **Member email** (if available) _____
Parent email (if available) _____
Social Media Preference _____

14. **Parent/Guardian Name** _____

Virginia Cooperative Extension periodically uses photographs or video or audio footage or testimonials of 4-H members for local, regional, or state publicity or educational purposes. By my signature below I give permission for Virginia Cooperative Extension to use such reproductions for educational and publicity purposes.

I understand that some of the above information is considered private. This information will be used for programming purposes and given to people responsible for each program.

Signature of Parent/Guardian* _____ Date: _____

*Add, if appropriate, the name, address, and telephone number of second parent, if not residing at address above.

Signature of Youth _____ Date: _____

Check box if you decline permission for photos to be taken.

15. **Projects to be Conducted** (see list on back) 16. **Teen Leader?** Yes No

CODE	PROJECT NAME
_____	_____
_____	_____
_____	_____
_____	_____

17. **Office held this year** (check one)
 President Treasurer
 Vice President Reporter
 Secretary Recreation Leader
 Other _____

18. **Name of 4-H Club(s) or Group(s)** _____

19. **All Star?** Yes No 20. **Member of an after-school club?** Yes No

21. **Parent(s)/guardian(s) in the military?** Yes No 22. **Branch?** _____ 23. Active Reserve

24. **Parent(s)/guardian(s) is a 4-H Alumni?** Yes No. **If yes, name(s) of parent(s)/guardian(s)** _____

25. **Member of a military club?** Yes No