 **Wahkiakum County**

**2016-2017 4-H Enrollment Form Updated 1/13/2015 C1003E**

**ADULT**

**Enrolling as:  General Club Leader  Project Leader  Activity Leader  Resource Leader**

**Adult Volunteer Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (MI) (Last)

**Mailing Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_\_\_\_ **Zip**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Date**: \_\_\_\_\_/\_\_­­\_\_/\_\_\_\_\_\_ **Gender: (**Check one**):** Female Male

**Primary Phone**: ( \_\_\_\_\_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Work Phone**: ( \_\_\_\_\_\_ )\_\_\_\_\_\_\_\_\_\_\_\_

Permission to receive Yes

text messages from 4-H No **Mobile Phone:**( \_\_\_\_\_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Wireless Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Other Email:\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Years in 4-H**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Correspondence Preference:** E-mailPostal Mail

**Enrollment Demographics**

**Ethnicity: (**Check one**):** Yes – Hispanic or Latino Ethnicity No – Not Hispanic or Latino Ethnicity

**Racial Group**: (Check all that apply):  White  Black or African American  American Indian or Alaskan Native

Native Hawaiian/Pacific Islander  Asian  Prefer Not to State

**Residence: (**Check one**):** Farm Town under 10,000 and rural non-farm Town/City, 10,000-50,000

Suburb of city more than 50,000 City, more than 50,000

**Military**:  No one in my family is serving in the military  I have a son/daughter serving in the military

Myself, and/or my spouse is currently serving in the military I have a sibling in the military

Branch:  Air Force  Army Coast Guard DOD Civilian Marines  Navy

Component:  Active Duty  National Guard  Reserves

**Adult 4-H Enrollment form Continued:**

**Name of Primary 4-H Club** **#1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Club #2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Club #3** \_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_

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| **PROJECT NAME** | **Year In Project** | **CLUB NAME** |
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**Volunteer/4-H Leader Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(required)**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(required)**

**C1000**



**A Valuable Partnership**

**Volunteers and the Washington State University Extension 4-Y Youth Development Program**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **County** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WSU Extension appreciates your commitment to share your knowledge and talents with 4-H

youth and hope this experience will be fulfilling during the time you serve as a 4-H volunteer.

Your satisfaction and progress in this position are important and therefore subject to periodic

reviews. Thank you for teaming with WSU Extension to expand educational opportunities for

all youth and adults. Please read the following expectations of participation and behavior and

indicate your willingness to cooperate by signing at the end of this form.

|  |  |
| --- | --- |
| **The Washington State University Extension**  **4-H Youth Development Program agrees to:**  • Provide a volunteer position description that  lists specific duties.  • Respect volunteers as trusted partners in youth  development.  • Share philosophy, mission, and goals of the 4-H  Youth Development Program.  • Utilize, promote, and provide training in experiential  education.  • Provide information on county, state, and federal  policies that govern the 4-H Youth Development  Program.  • Provide training and materials to facilitate the  inclusion and participation of volunteers and  youth from all backgrounds.  • Provide assistance, support, encouragement,  supervision, and periodic evaluation.  • Identify approved curriculum and materials for  projects and group organization.  • Provide ongoing training at the county level  and information about volunteer opportunities  beyond the county.  • Keep volunteers informed of events, programs,  and opportunities for youth at the county,  state, and national levels.  • Recognize volunteers for their contributions to  the 4-H Youth Development Program.  • Resolve 4-H volunteer personnel issues. | **As a 4-H Volunteer, I agree to:**  • Perform the duties in my position description in  a responsible and timely manner.  • Conduct myself in a courteous and respectful  manner, exhibit good sportsmanship, and be a  positive role model for all youth.  • Work cooperatively with WSU Extension staff,  volunteers, parents, and members.  • Respect, adhere to, and enforce the rules,  policies, and guidelines established for the 4-H  Youth Development Program.  • Participate in and support 4-H Leaders’ Councils  and other advisory groups.  • Support and promote the 4-H Youth Development  Program through 4-H clubs, schools,  after-school programs, and other appropriate  settings.  • Support and promote 4-H Youth Development  opportunities and inform youth of county,  state, and national programs.  • Promote the spirit of inclusion and welcome  participation of volunteers and youth from all  backgrounds.  • Follow the volunteer “Expectations of Behavior”  that I have read and understand. |

**Washington State University Extension 4-H Youth Development Program**

**Volunteer Expectations of Behavior**

The primary purpose of these Expectations of Behavior is to insure the safety and well-being of all 4-H participants (i.e., members, their parents and families, staff and volunteers).

These expectations will guide volunteer behavior during involvement in the Washington State University (WSU) Extension 4-H Youth Development Program. Just as it is a privilege for WSU to work with individuals who volunteer their time and energies to 4-H, a volunteer’s involvement in 4-H is a privilege and a responsibility, not a right.

4-H Volunteers will:

* Treat others in a courteous, respectful manner and serve as a positive role model for youth.
* Accept supervision and work collaboratively with county 4-H staff while involved in the program.
* Abide by policies and guidelines of WSU Extension state and county 4-H programs.
* Make all reasonable effort to assure that 4-H youth programs are accessible to youth without regard to race, color, gender, national origin, religion, disability, or sexual orientation.
* Uphold an individual’s right to dignity, self-development, and self-direction; will not abuse any 4-H participant by physical or verbal means, and will report such abuse if observed.
* Refer to C1001, *Child Abuse: Information for WSU faculty, Staff and Volunteers,* for child abuse information and reporting procedures.
* Keep county 4-H staff informed of any incidents that may violate 4-H policies or personal rights.
* Treat animals humanely and teach youth to property care for animals.
* Operate machinery, vehicles, and other equipment in a safe and responsible manner.
* Handle fundraising and finances in an ethical manner according to C1059E, *Leader’s Guide to the Treasurer’s Book*.
* NOT consume alcohol or illegal substances while responsible for youth in 4-H activities nor consume anything that will in any way impact your ability to work safely with youth.
* NOT require 4-H participants to purchase materials, equipment, animals, or services from any specific places of business.

I have read, understand, and agree to the expectations of participation and behavior as outlined in this agreement. I understand that I may terminate this appointment without prior notice. I understand and agree that any action on my part that contradicts any portion of this agreement is grounds for the immediate suspension and/or termination of my volunteer status with the Washington State University Extension 4-H Youth Development Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of 4-H Volunteer** **(required)** **Date**

Welcome to 4-H leadership, a wonderful opportunity for personal growth, satisfaction, and achievement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Extension Educator/4-H Program Assistant** **Date**

Issued by Washington State University Extension and the U.S. Department of Agriculture in furtherance of the Acts of May 8 and June 30, 1914. WSU Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, sex, religion, age, color, creed, national or ethnic origin; physical, mental or sensory disability; marital status, sexual orientation; and status as a Vietnam-era or disabled veteran. Evidence of noncompliance may be reported through your local WSU Extension office. Trade names have been used to simplify information; no endorsement is intended. Revised February 2004. Subject code 829.

C1000

**PRINTED NAME OF PARTICIPANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSUMPTION OF RISK - September 1, 2016 – August 31, 2017**

I understand that there are risks in participating in 4-H Youth Development events and activities associated with Washington State University (WSU).

**In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or self or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.**

Membership in the 4-H Youth Development Program may involve participation in a wide variety of activities such as, but not limited to: club meetings (mounted or unmounted), shows, clinics, working with animals, physical education activities, water-sports, food preparation, woodworking, crafts, and travel. Risks in participating include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the 4-H Youth Development Program activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child, self or property.

**PARENT OR GUARDIAN’S RELEASE OF CLAIMS AND LIABILITY INDEMNITY AGREEMENT**

I, my heirs and assigns, hereby release the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees/volunteers, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in this program and/or event. My child’s participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property. If any part or portion of this Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. This release and all matters related to your activities involving Washington State University shall be governed by and interpreted in accordance with Washington law.

**I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I enter this contract freely and voluntarily.**

**WRITTEN NOTICE OF PASSIVE CONSENT**

As a participant in the 4-H Program you may be asked to help with the evaluation of the program to tell us how well the program is working. You may be asked to complete a written survey about what you learned from participating in the program. We estimate that it will take participants approximately 10 minutes to complete the survey.

Participation in the evaluation is not required. If you decide not to participate, it will not affect participation in this or future WSU Extension programs. If you do not want to answer some questions on the survey, that is okay. The survey responses will be anonymous, and participant responses will not be identified in any way.

If you do not want to participate in the evaluation of the 4-H Program or you have questions about the evaluation, please contact your WSU County Extension Office at 360-795-3278 or e-mail: [carrie.backman@wsu.edu](mailto:carrie.backman@wsu.edu).

**I have read, understand and consent to the above foregoing statements.**

**Participant signature (required):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMAGE AND VOICE RECORDINGS CONSENT**

Participant hereby grants permission to Washington State University (WSU) to be photographed or otherwise have images or voice recordings made (including but not limited to digital photographs, video or digital moving images, and/or voice recordings), for WSU publication or promotional purposes in any medium (including but not limited to print media, newspaper, television, video, motion picture, or Web site on the Internet). I additionally consent to the use of the participant’s name and/or interview comments in connection with WSU publication or promotional purposes in print media, newspaper, television, video, motion picture, or Web site on the Internet. I understand that consent to use my likeness or voice recordings is not a condition of participating in the activity and that consent can be refused without any impact in the ability to fully participate in the program. No inducements or promises beyond my acceptance of an opportunity to promote WSU and its programs have been given to me. Any other use of images and/or recordings, my name, and/or interview comments requires advance permission. I understand that I can revoke this consent at any time upon notice to WSU, at which time either, or both of us will sign a copy of the denial (below) for use of images or voice recordings.

**Please check one of the following:**

**I agree to the use of digital images or voice recording as set forth above**

**I do not agree to use of digital images or voice recordings as set forth above**

**PRINTED NAME OF PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HEALTH INFORMATION**

**Please be accurate yet concise. In the event of an emergency this may be the only immediate source of information.**

**\*Indicates required field**

**GENERAL HEALTH**

**\***Does this participant have any health diagnosis that is important for program staff to know in order to maximize participation and ensure safety and well-being?

None  Yes, a physical or learning disability, behavioral disorder, and/or mental diagnosis. If yes, please list health diagnosis details/explanations & suggested accommodations:

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

**DIETARY NEEDS**

**\***Does this participant have any specific dietary needs?

None Yes, food allergies or restrictions (e.g. peanuts, gluten-free) or food preferences (e.g. vegetarian)

If yes, please list dietary needs details/explanations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALLERGIES/REACTIONS**

**\***Does this participant have any allergies or reactions to drugs or things in nature?

None Yes Please describe any allergies and/or reactions:

**MEDICATIONS**

**\***Does this participant have any conditions requiring medication?

None  Yes, assistance is needed with medications

Yes, this participant is capable of self-administering medications

Please list medication details/explanation:

**Additional Information**

Please provide in the space below any additional information that may affect your ability to fully participate in the 4-H program.

**PRINTED NAME OF PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY MEDICAL CONSENT – September 1, 2016- August 31, 2017**

**Washington State University –Wahkiakum County 4-H Youth Development Program**

**In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) authorized agents including 4-H staff to be an emergency; I authorize WSU and its authorized agents to obtain emergency medical care for myself (as an enrolled member or volunteer over 18). I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my health record from providers who treat me and these providers may talk with the program’s staff about my health status.**

**Health-Care Providers:**

Name of participant’s primary doctor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of dentist(s)/orthodontist(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Alerts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Insurance Information:**

This participant is covered by family medical and/or hospital insurance Yes No

Primary Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of another person to contact in case of emergency if you are not available:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Signature (required):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read, understand, agree and consent to the foregoing statements in this document by signing below.**

**Participant Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2015-2017 4-H Project List – Alphabetical**

**Note: Youth must be in 3rd Grade and Age 8 before January 1, 2016 to enroll in these projects marked with \***

|  |  |  |
| --- | --- | --- |
| **Adventures in Family Living**  **Aerospace**  **Ag in the Classroom**  **Amphibians**  **And My World**  **Archery \***  **Backyards & Beyond**  **Beef \***  **Bicycle**  **Black Powder/Muzzle Loading \***  **Build Your Future**  **Butterfly WINGS**  **Cat**  **Cavy**  **Challenge\***  **Citizenship**  **Clothing & Textiles**  **Communication**  **Computers**  **Consumer Savvy**  **Creative Arts**  **Dairy Cattle \***  **Dairy Goat \***  **Dog**  **EFNEP Youth Project**  **Electricity**  **Entomology**  **Entrepreneurship**  **Equine Science \***  **Explore the World of Small Animals**  **Exploring 4-H**  **Exploring Your Environment** | **Financial Champions**  **Food $ense**  **Food & Nutrition**  **Food Preservation \***  **Foods & Culture**  **Forestry**  **Garden**  **Geospatial Science**  **Health**  **Health Rocks**  **Horseless Horse**  **Horsemanship \***  **Hunting**  **Just Outside the Door**  **Kids on the Grow!**  **Know Your Government**  **Latino Cultural Arts**  **Leadership**  **Llama \***  **Meat Goat \***  **MG-led Gardening**  **Microwave Magic**  **Native Foods**  **Needle Arts**  **Novelty Goats \***  **Outdoor Adventure**  **Performing Arts**  **Pets**  **Photography**  **Pistol \*** | **Plant Science**  **Portable Challenge \***  **Poultry**  **Pygmy Goat**  **Rabbit**  **Reading/Financial Literacy**  **Riflery \***  **Robotics**  **Self-Determined Animal Science**  **Self-Determined Engineering & Technology**  **Self-Determined Environmental Stewardship**  **Self-Determined Expressive Arts**  **Self-Determined Family & Consumer Science**  **Self-Determined Plant Science**  **Service Dog**  **Service Learning**  **Sheep \***  **Shotgun \***  **Small Engines**  **Sports Fishing**  **STEPS to a Healthy Teen**  **Swine \***  **Theatre Arts**  **There’s No New Water**  **Utility Goat \***  **Veterinary Science**  **Visual Arts**  **What’s on Your Plate? Exploring Food Science**  **Wind Energy**  **Woodworking**  **YA-4-H** |

**2016-2017 4-H Project List – By Category**

**Note: Youth must be in 3rd Grade and Age 8 before January 1, 2016 to enroll in these projects marked with \***

|  |  |  |
| --- | --- | --- |
| **Animal Sciences**  Amphibians  Beef **\***  Cat  Cavy  Dairy Cattle **\***  Dog  Dog Care & Training  Service Dog  Equine  Equine Science **\***  Horseless Horse  Horsemanship **\***  Explore the World of Small Animals  Goat  Dairy Goat **\***  Meat Goat **\***  Novelty Goat **\***  Pygmy Goat  Utility Goat **\***  Llama \*  Pets  Poultry  Rabbit  Sheep **\***  Swine **\***  Veterinary Science  Self-Determined Animal Science  **Engineering & Technology**  Aerospace  Bicycle  Computer  Electricity  Geospatial Science  Robotics  Small Engines  Woodworking  Self-Determined Engineering & Technology  **Environmental Stewardship**  Environmental Education  Backyards & Beyond  Exploring Your Environment  Forestry  Outdoor Adventure  Sport Fishing | There’s No New Water  Wind Energy  Shooting Sports  Archery **\***  Black Powder/Muzzle Loading **\***  Hunting **\***  Pistol **\***  Riflery **\***  Shotgun **\***  Self-Det. Environmental Stewardship  **Expressive Arts**  Communications  Performing Arts  Performing Arts  Theatre Arts  Photography  Visual Arts  Creative Arts  Latino Cultural Arts  Visual Arts  Self-Determined Expressive Arts  **Family & Consumer Sciences Continued:**  Clothing & Textiles  Consumer Education  Consumer Savvy  Financial Champions  Reading/Financial Literacy  Family Living  Adventures In Family Living  Child Development  Kids on the Grow!  Food & Nutrition  Foods & Cultures  Food & Nutrition  Food Preservation **\***  Microwave Magic  Native Foods  STEPS to a Healthy Teen  What’s on Your Plate?  EFNEP Youth Project  Food $ense  Needle Arts  Self-Determined Family & Consumer Science | **Interdisciplinary**  Adventure Education  Challenge  Portable Challenge  Outdoor Adventure  Ag in the Classroom  Build Your Future  **Plant Science**  Butterfly WINGS  Entomology  Garden  MG-led Gardening  Plant Science  Self-Determined Plant Science  **Social Sciences**  Citizenship  Citizenship  Global Citizenship  Service Learning  Entrepreneurship  Health  Health  Health Rocks  YA 4-H!  Introduction to 4-H  Exploring 4-H  Just Outside the Door  Leadership  Self-Determined Social Science |