Washington State 4-H Enrollment Form

(Please Print - Required fields are in Bold)

Family Name: ____________________________ County: ____________________________

Enrolling as: □ Youth Member OR Adult Volunteer

Family Name: ____________________________

Email: ____________________________

(Mid. Init.) (Last)

Mailing Address: ____________________________ Address 2 (if applicable):

City: ____________________________ State: ____ Zip: _____

Birth Date: ___/___/____ Gender: □ Female □ Male

Primary Phone: (___) ___-____-____

Cell: (___) ___-____-____

Text Mgs? □ Yes/Provider: ____________________________

Yrs. in 4-H:

Parent/Guardian 1 Name: ____________________________

(Youth Only) (First) _______________ (Last) _______________

Parent/Guardian 2 Name: ____________________________

(Youth Only) (First) _______________ (Last) _______________

Parent 2 Address: ____________________________

City: ____________________________ State: ____ Zip: _____

Parent 2 Email: ____________________________

2nd Household (if applicable): Send Correspondence? □ Yes □ No

Correspondence Preference: □ Postal Mail □ Email

Family Name: ____________________________

First Name(s) ____________________________

Address: ____________________________

City: ____________________________ State: ____ Zip: _____

Primary Phone: (___) ___-____-____

Emergency Contact Name: ____________________________

Phone: (___) ___-____-____

Enrollment Demographics

Ethnicity: (check one) □ Yes – Hispanic or Latino Ethnicity OR □ No – Not Hispanic or Latino Ethnicity (indicate both ethnicity & race)

Race: (check all that apply) □ White □ Black □ Am. Indian/AK Native □ Hawaiian/Pac. Islander □ Asian □ Other/Prefer not to state

Residence: (check one) □ Farm □ Rural/Town <10,000 □ Town/City, 10,000-50,000 □ Suburb of City >50,000 □ City>50,000

Military: (check one or more) □ No one in my family is serving in the military □ I have a parent serving in the military

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

Branch: □ Air Force □ Army □ Coast Guard □ DoD Civilian □ Marines □ Navy

Component: □ Active Duty □ National Guard □ Reserves

Youth only School Type: □ Public School □ Private School □ Homeschool/Alternative □ Specialized

Grade: ___ School Name: ____________________________

□ Special Education □ Charter School □ Vocational School

Club(s) Club Name
☐ Enroll

☐ Enroll

□ Adult/Yth. Ldr. Role (General Club, Project, Activity, Resource Ldr.)

Project(s)

Proj. Title ____________________________ Club ____________________________

(if enrolled in more than one)

Proj. Title ____________________________ Club ____________________________

Proj. Title ____________________________ Club ____________________________

Proj. Title ____________________________ Club ____________________________

Participant Signature ____________________________ Parent/Guardian Signature ____________________________

4-H Club Leader Signature ____________________________ Date: ___/___/____