



Name	County	Family Email	Correspondence Preferred
Email		Prefix	
First Name		Last Name	
Suffix		Preferred Name	
Job Title		Organization Title	
Mailing Address		Mailing Address 2	
City		State	
Zip Code		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Phone		Cell Phone	
I wish to receive notices via text message	<input type="checkbox"/> No <input type="checkbox"/> Yes	Cell Phone Provider	
Work Phone		Work Extension	
Fax		Years in 4-H	

Employee

Are you an employee? No Yes

Volunteer

Select "Yes" if you serve in a leadership capacity in 4-H. Yes Examples for adult: Community Club Leader, Project Leader, etc.

Ethnicity

Race (check all that apply) Are you of Hispanic ethnicity? No Yes (Please indicate both an ethnicity and race)

White Native Hawaiian or Pacific Islander
 Black Asian
 American Indian or Alaskan Native Prefer Not to State

Residence

Residence Farm (rural area where agricultural products are sold) Suburb of city more than 50,000
 Town under 10,000 and rural non-farm Central city more than 50,000
 Town / City 10,000 - 50,000 and its suburbs

Military Service of Family

Military Service 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 I have a son/daughter 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

Additional Information (Other)

T-Shirt Information Prefer: Male or Female shirt? T-Shirt Size: Youth Adult (Select youth or adult and size.)
 XSmall Small Medium Large XLarge
 XXLLarge XXXLarge

Disability Accommodations As a participant in 4-H activities, do you need an accommodation for a disability?
 Yes No

If yes, please indicate disability accommodation needed:

Food Allergies Do you have any food allergies? Yes No

If yes, what food allergies do you have?



Add a Club

Club Name

Club Name

Add a Project

Club	Project	Project Materials Needed?	Years In
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Adult Signature

Date

For Office Use Only

Received Form 300.A-4 Adult Yes No Date Received

Comments:

Date Received Volunteer Application Form _____