

Florida 4-H Youth Development Enrollment Form



Family Profile Information

Club Name: _____ Secondary Club Name: _____
 Family Last Name: _____ 4-H County: _____
 Address: _____ City: _____ Zip: _____
 Family Email Address: _____ Member E-mail: _____

Member Profile Information

First Name: _____ Middle Name: _____ Last Name: _____
 Preferred Name: _____ Address: (if different) _____
 City: _____ State: _____ Zip Code: _____ Birth Date: ____/____/____
 4-H Age on September 1 (start of 4-H year): _____
 Home Telephone: (____) _____ Cell Phone: (____) _____
 Community Club In-School Club Afterschool Club Military Club Individual Member
 Parent/Guardian 1: First Name: _____ Last Name: _____
 Work Phone: (____) _____ Cell Phone: (____) _____
 Parent/Guardian 2: First Name: _____ Last Name: _____
 Work Phone: (____) _____ Cell Phone: (____) _____

Are you a Youth Volunteer? No Junior Intermediate Senior * If Senior, additional application needs to be completed
(4-H ages 8-10) (ages 11-13) (ages 14-18)
 Gender: Male Female Residence: Farm Town Under 10,000 or rural non-farm Town/city 10,000-50,000
 Suburb of city more than 50,000 Central city more than 50,000
 Ethnicity: Are you of Hispanic ethnicity? No Yes
 Race White Black Asian American Indian or Alaskan Native Hawaiian or Pacific Islander
 A Family Member is in: Air Force Army Coast Guard Navy Marines National Guard Reserves

Grade: _____ School: _____ Schools in my 4-H County? Yes No
 In 4-H in a county different from the County I live in. **County I Live In:** _____
 In 4-H in 2 counties **My 2nd 4-H County:** _____ **Club:** _____ **Project:** _____ **Year:** _____
 Disability: Do you require accommodation for a disability to participate in 4-H programs? Yes No

Describe Disability/Need: _____

Project Title	Years in Project	Project Book Title Needed (go to www.4-h.org)	Program Fees if Applicable:
			Club Fee/Dues Paid \$ _____ Personal Insurance Fee of \$1 paid. Personal Insurance Fee of \$2 paid for Horse Project Members.
			Purchase of Project Books Due \$ _____ Paid \$ _____ (Bal. Due. \$ _____)
			Total Amount Paid: \$ _____ Paid by Check Check # _____ Paid by Cash

Club Officer: President Vice President Secretary Treasurer Reporter
 Historian Parliamentarian Recreation Sergeant at Arms County Council Delegate Other _____