



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