

4-H Leader Enrollment Form

Check One: Organizational Leader
 Project/Activity Leader
 Resource Leader

Indirect Leader
 Middle Management Volunteer

Check One: New Enrollment
 Re-Enrollment

Last Name: _____

First Name: _____ M.I.: _____

Mailing Address: _____

City, State & Zip _____

Year(s) of 4-H Leadership: _____

Gender: Female Male

Home Phone: _____

Alternate/Work Phone: _____

Email Address: _____

Okay to call you at work: yes no

Race : (check all that apply)
 American Indian/Alaskan
 Asian
 Black or African American
 Caucasian
 Pacific Islander
 Other _____

Ethnicity/Culture: (check one):
 Hispanic or Latino
 Not Hispanic or Latino

Residence (check one):
 Farm/Ranch
 Rural under 10,000
 Town 10,000-50,000
 Suburb of
 Central City over 50,000

Do you need an accommodation due to a disability to participate in 4-H programs? Yes No

If yes, list accommodations you will need: _____

Primary Club: _____

Additional Club(s) I help with: _____

Project I will be leading this year:

Project Code	Project Name (and Unit if applicable)	Year(s) Leading This Project	Club

I agree that you may photograph me during, and in connection with, 4-H events. I agree that you shall be the exclusive owner of the photograph and all copyright and other rights with the photograph. I agree that you may use the photograph in any media you wish related to the Idaho 4-H program. Yes No

As a 4-H Leader, I agree to fulfill my volunteer responsibilities as stated in my volunteer leader job description. My leadership will be consistent with the mission of the 4-H program and state 4-H Policies and Procedures.

Leader Signature: _____

Date: ___/___/___