



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. **Gender** (check one)  
 Male   
 Female

7. **Hispanic Ethnicity** (check one)  
 Hispanic or Latino  Not Hispanic or Latino

8. **Racial Groups** (check all that apply)  
 White   
 Black or African American   
 American Indian or Alaskan Native   
 Asian   
 Native Hawaiian or Other Pacific Islander

9. **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

10. **Grade in school** \_\_\_\_\_ 11. **Name of School** \_\_\_\_\_

12. **Years in 4-H**, Counting this year \_\_\_\_\_ 13. **Email** (if available) \_\_\_\_\_

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** (circle)
- 1 President
  - 2 Vice President
  - 3 Secretary
  - 4 Treasurer
  - 5 Reporter
  - 6 Recreation Leader
  - 7 Other \_\_\_\_\_

18. **Name of 4-H Club(s) or Group(s)** \_\_\_\_\_ 19. **All Star** \_\_\_\_\_ Yes \_\_\_\_\_ No

20. **Is your parent(s)/guardian(s) in the military?** \_\_\_\_\_

