



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

7. Racial Groups (check all that apply):
- American Indian/Alaskan Native
 - Asian
 - Black/African American
 - Native Hawaiian/Other Pacific Islander
 - White
 - Balance (other combinations)

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

6. Ethnicity (check one):
- Hispanic or Latino
 - Not Hispanic or Latino

9. Gender Identified With _____

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)

PROJECT NAME

16. Teen Leader? Yes No

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

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