

# 4-H General Information Form

Office Use Only

I participate:  
 in a 4-H Club  
 as an independent

County \_\_\_\_\_ Member ID \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Gender \_\_\_\_\_

Birth Date Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Current Grade in School \_\_\_\_\_

Name of School \_\_\_\_\_ Soc. Security \_\_\_\_\_ Years in 4-H \_\_\_\_\_

Racial/Ethnic Background	
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> Black
<input type="checkbox"/> American Indian Native/Alaska Native	

Residence	
<input type="checkbox"/> Farm	<input type="checkbox"/> Town 10,000-50,000
<input type="checkbox"/> Rural Under 10,000	<input type="checkbox"/> City over 50,000

Parent or Guardian: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

I give permission to use any photographs or videos of the participant for future promotion or publicity of 4-H programs.

Signature(s) provided:

1. Document the information provided is true and accurate
2. Grant permission for the use of any portion of the materials or likeness of the applicant for any educational or promotional purposes of the 4-H program.
3. Acknowledge agreement to abide by the guidelines and code of conduct for the 4-H program related to this form.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4-H Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Extension Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information provided is confidential and will not be used other than for 4-H program purposes. Incomplete forms accepted, but discouraged. **Requested signatures must be provided.**