

4-H Enrollment Form

Black Hawk County

Club: _____

**** There is a \$15 program development fee to join 4-H in Black Hawk County. The maximum any family would pay is \$60. Please pay the fee to your local 4-H Club. There is no fee for Clover Kids (youth in grades K-3). Talk to your club leader or the Extension Office if financial assistance is needed.****

FOR OFFICE USE ONLY

County Code: _____ Club Code: _____ Member Code: _____

Category (Circle One): 1) Member 2) Cloverbud/Mini 4-H 3) Organizational Leader 4) Activity Leader
5) Project Leader 6) Resource Leader 7) Special

Enrollment Type (Circle One): N-New Enrollment R-Re-Enrollment Drop From Club

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Year In 4-H: _____

Youth Leader _____ Gender: _____ Birthday: ____/____/____ 4-H Age: _____ Grade: _____

Other 4-H Memberships: _____ E-mail: _____

Leader Type (circle one): 1) Direct Volunteer 2) Indirect Volunteer 3) Middle Manager

Ethnic (circle one): 1) Hispanic 2) Not Hispanic

Race (circle one): 1) White 2) Black 3) Alaskan/Am. Ind. 4) Asian 5) Hawaiian/Pac. Island
6) White and Black 7) White and Am. Ind. 8) Black and Am. Ind. 9) White and Asian 10) Not Listed

Residence (circle one): 1) Farm 2) Rural/10,000 3) Town/10-50,000 4) Suburb/50,000 5) City/50,000

Project Name	Project Code	Youth Leader	Need Lit.	Year in Project
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____

Do you require an accommodation for a disability to participate in this program?
I give permission to have my image/voice used by ISU Extension for educational purposes. I understand that my image/voice will be used to help illustrate and explain the educational programs of ISU Extension.

Leader Signature: _____

Date: _____

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Parent Information

Member Last Name: _____ Member First Name: _____ M.I. _____

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Parent Code 1: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other

Legal Guardian: Yes / No Send Mailing: Yes / No E-mail: _____

FOR OFFICE USE ONLY

Additional Contact Code 2: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____

Occupation (optional): _____

Contact Type (circle one): Primary Contact Additional Contact Other

Legal Guardian: Yes / No Send Mailing: Yes / No E-mail: _____

FOR OFFICE USE ONLY

Additional Contact Code 3: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____

Occupation (optional): _____

Contact Type (circle one): Primary Contact Additional Contact Other

Legal Guardian: Yes / No Send Mailing: Yes / No E-mail: _____