



Wisconsin 4-H Leader Enrollment Form

Please Print Information



County _____ 4-H Club _____

Last Name _____ First Name _____ MI _____

Street / Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Primary Cell Phone _____

Gender: Male Female

Ethnicity: (check one): Hispanic or Latino - **OR** - Not Hispanic or Latino

Race (check all that apply): White Black or African American
 American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander More than one Race Undetermined

Residence: Farm Rural Non-Farm or Town less than 10,000 Town/City 10,000 to 50,000
 Suburb of City over 50,000 City over 50,000

Year in 4-H (Incl. this yr.) _____

Leader Type: Organizational/General Project
 Activity _____ Resource _____
 Key _____ County Committee _____
 Club Enrollment Adult Advisor

4-H Alumni: Yes No

Primary E-mail Address _____

I Will Accept E-mail Communication: Yes No

Yes No I want the University of Wisconsin-Extension to keep my name and contact information private when creating a public record or list.

Yes No I grant the University of Wisconsin Board of Regents and University of Wisconsin-Extension (hereinafter University) the right to publish, and copyright my image (including audio, moving image or photography) for educational programs, websites, and promotion of University programs.

Yes No I require an accommodation for a disability to participate in this program.

Additional Communications Information

Primary Cell Phone Carrier (for number noted in first section) _____

I Will Accept Text (SMS) Messages: Yes No

Work Phone _____ Ext _____

Alternate Cell Phone Number _____

Alternate E-mail Address _____

Alternate E-mail Address _____

Form Continues on Next Page

