



CANYON COUNTY 4-H Leader Enrollment Form



FOR OFFICE USE ONLY

Date Enrollment received _____ Date Job Description received _____

Year: _____ Club: _____

Circle One: Organizational Leader Project Leader Resource Leader Teen Leader

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Telephone (home): _____ (cellular): _____ (work): _____

E-mail: _____

Male _____ Female _____ Other Clubs you are a leader in: _____

❖ The following information is requested to gather statistics to comply with non-discrimination requirements:

Are you of Hispanic Ethnicity? (Check only one)

Yes No

What is your Racial Group(s)? (Check all that apply)

White Black American Indian/Alaskan Native Asian Pacific Islander Other _____

❖ Residence: (Check only one)

Farm Rural less than 10,000 Town 10,000-50,000 Suburb over 50,000 City over 50,000

❖ Family member National Guard/Reserves? Yes No

❖ Unless NO is checked, I give permission to distribute my name, address and phone number to prospective 4-H members. No

❖ I give permission to use any photograph from a 4-H event for any purpose including, but not limited to advertising and marketing. Yes No

PLEASE LIST ALL PROJECTS YOU ARE LEADING

PROJECT CODE*	PROJECT NAME	YEARS IN PROJECT	MARKET OR BREEDING (for Animal Projects)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* List additional projects on an attached separate sheet.

Do you need an accommodation due to a disability to participate in 4-H programs? _____(Y/N)
If you need an accommodation, please contact the Extension 4-H office about your needs. Phone 459-6003.

PLEASE READ AND SIGN ATTACHED JOB DESCRIPTION