



4-H Youth Member Paper Enrollment Form

(PAGE RETAINED BY THE MEMBER)

Youth are eligible to participate in 4-H if they meet the following criteria:

- Primary Member - Must be 5 years old by December 31 of the program year. Primary members cannot enroll in large animal projects. Youth enrolling who turn nine on or after January 1st must participate as a Primary Member until the end of the program year.
➤ Junior, Intermediate and Senior Members - Must be 9 years old by December 31 of the program year and may continue in the program until December 31st of the calendar year in which they become 19 years of age.

4-H Youth Member Enrollment Process – when Paper Form submitted

- 1. Complete all forms of the 4-H Youth Member enrollment form packet.
2. Parent/Guardian of youth member keeps the following pages:
a. 4-H Youth Member Enrollment Form Information
b. Member Code of Conduct
c. Parent, Guardian, or Adult Participant Code of Conduct
3. Parent/Guardian of youth member submits the following documents to 4-H Club/Unit Leader:
a. 4-H Youth Member Enrollment Form with signatures (retained by County 4-H Office)
b. Parent Consent for Online Record Book (retained by County 4-H Office)
c. Waiver of Liability (retained by County 4-H Office)
d. Youth Treatment Authorization & Health History Form (retained by 4-H Club/Unit Leader)
4. Provide fee payment with submission of paper enrollment forms to the 4-H Club/Unit Leader
5. 4-H Club/Unit Leader/Enrollment Coordinator will enter the enrollment record for the youth into 4hOnline using submitted signed paper forms.
6. 4-H Club/Unit Leader will retain the Treatment Authorization & Health History Form.
7. 4-H Club/Unit Leader will submitted all other signed enrollment forms to the County 4-H Office.
8. County 4-H Staff will verify receipt of required forms. When enrollment record is approved, 4hOnline status will show as Active and youth may participate in 4-H activities.
9. County 4-H Staff will invoice the 4-H Club Leader for enrollment. (Frequency determined by County 4-H Office)

In some cases, these fees may be covered or waived by the 4-H Club/Unit or County 4-H Office.

Table with 2 columns: Fee Description, Amount. Rows include 4-H Club/Unit Program Fees (\$), County 4-H Program Fees (\$), and State 4-H Accident/Sickness Insurance and Program Fees (\$46.00).

Table with 2 columns: 4-H Club/Unit Leader, County 4-H Office. Row includes University of California Cooperative Extension.



4-H Youth Member Paper Enrollment Form Information

(PAGE RETAINED BY THE MEMBER)

In compliance with the California Information Practices Act of 1977, the following information is provided:

The information on this form is being requested by the University of California Cooperative Extension for use in its 4-H Youth Development Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form as well as other non-confidential personal information maintained on record by contacting the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the Statewide 4-H Director at University of California, Division of Agriculture & Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu.

Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnic information is requested to maintain compliance with Title VI of the Civil Rights Act of 1964 and sex information is requested to maintain compliance with the Title IX of the Education Amendments of 1972.

Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal ES-237 annual 4-H Youth Program Report. Statistical information includes birth date, sex, ethnic information, residence location, and project name. Other personal information on this form is being collected to provide the County Extension 4-H Youth Development Advisors with information to assist in program planning. This information consists of name, address, phone, name of school, club/group name, club/group number, date, birth date, grade, and name of parent or guardian. Contact information collected will be used to send out correspondence and information about the program. The information must be on file in the county office as mandatory proof of enrollment for individuals in the above-mentioned clubs or groups, for purposes of 4-H accident and sickness insurance coverage.

It is the policy of the University of California (UC) and the UC Division of Agriculture & Natural Resources not to engage in discrimination against or harassment of any person in any of its programs or activities on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy (which includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), as well as state military and naval service. This policy is intended to be consistent with the provisions of applicable state and federal laws and University policies.

University policy also prohibits retaliation against any employee or person in any of its programs or activities for bringing a complaint of discrimination or harassment pursuant to this policy. This policy also prohibits retaliation against a person who assists someone with a complaint of discrimination or harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment or to any of its programs or activities.

In addition, it is the policy of the University and ANR to undertake affirmative action, consistent with its obligations as a Federal contractor, for minorities and women, for persons with disabilities, and for covered veterans. The University commits itself to apply every good faith effort to achieve prompt and full utilization of minorities and women in all segments of its workforce where deficiencies exist. These efforts conform to all current legal and regulatory requirements, and are consistent with University standards of quality and excellence.

In conformance with Federal regulations, written affirmative action plans shall be prepared and maintained by each campus of the University, including the Division of Agriculture and Natural Resources. Such plans shall be reviewed and approved by the Office of the President and the Office of the General Counsel before they are officially promulgated.

Inquiries regarding the University's nondiscrimination policies may be directed to John I. Sims, Affirmative Action Compliance and Title IX Officer, University of California, Davis, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1397.



University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

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(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

County: _____

Complete questions below ONLY if you are enrolling in a new club or county:

What county did you last enroll in?

What is the name of the last club you were in enrolled in?

If you are enrolling in a different club this year, paperwork must be submitted to the County 4-H Office.

Family

Last Name _____ *Family email must be used for 4hOnline login and 4-H
 Phone _____ State Newsletter will be sent here also (unless member
 Email* _____ email is different, then both will receive).

Member Information

First Name _____ Email* _____
 Last Name _____ Years in 4-H _____
 Address _____ City, State, _____
 _____ Zip _____
 Birth Date _____ Gender male female
 Primary Phone _____ Cell Phone _____

Parent/Guardian 1

First Name _____ Cell Phone _____
 Last Name _____ Work Ph., ext _____

Parent/Guardian 2

First Name _____ Cell Phone _____
 Last Name _____ Work Ph. Ext. _____
 Email _____ Home Phone _____
 Address _____ City, State, Zip _____

Emergency Contact Information - (Must be an adult other than Parent/Guardian)

First & Last Name: _____ Home/work/other Phone: _____
 Relationship: _____ Cell Phone: _____

Ethnicity *Marking your ethnicity and race information will help us to offer more opportunities to ALL the youth in our state. At least one option must be selected for Ethnicity.*

Are you of Hispanic ethnicity? Yes No

Hispanic A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race (If No is selected for Ethnicity, at least one option below must be selected.)

What is your race? **Please select all categories that apply.**

American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American A person having origins in any of the Black racial groups of Africa

Native Hawaiian or Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Prefer Not to State



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Residence

- Farm (Rural area where agricultural products are sold)
- Town under 10,000 and rural non-farm
- Town/City 10,000 – 50,000 and its suburbs
- Suburb of city more than 50,000
- Central city more than 50,000

Military Service

- No one in my family is serving in the military
- I have a parent serving in the military
- I have a sibling serving in the military

Branch

- Air Force
- Army
- Coast Guard
- DoD Civilian
- Marines
- Navy

Component

- Active Duty
- National Guard
- Reserves

School Information

Grade _____ School Name _____
 County _____ District _____
 Type Public School Charter School Special Education Homeschool / Alternative
 Private School Vocational Education Magnet / Specialized School

County Newsletter Preference

- Postal
- Email
- Sign-Up for State Electronic Newsletter

Check box if:

Monthly household cash income is at or below 185% of the Federal Poverty guidelines. If your child is eligible for/enrolled in free or reduced price school breakfast or lunch you meet this criteria. If yes, 4-H program fees will be waived. Please contact your county 4-H office regarding the request for waiver.

(Reference: <http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm>)

Club *Contact the County 4-H Office for a list of clubs and projects being offered this year to enroll in.

Club Name	Officer				
	<input type="checkbox"/> President	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Reporter	<input type="checkbox"/> Communications	<input type="checkbox"/> Sergeant-At- Arms
	<input type="checkbox"/> Vice	<input type="checkbox"/> Secretary	<input type="checkbox"/> Historian	<input type="checkbox"/> Other Officer	
	President				

Project

Club/Unit Name	Project Name	Years in Project	Leadership Role
			<input type="checkbox"/> Junior/Teen Leader
			<input type="checkbox"/> Junior/Teen Leader
			<input type="checkbox"/> Junior/Teen Leader

By signing and dating this document, parent/guardian and youth certify that they have read, understand, and agree to the terms of the 4-H Member and 4-H Parent, Guardian, or Adult Participant Code of Conduct and Photograph and Information Release; and, further, that they understand and give their informed consent to exceptions to the 4-H policy on youth member supervision, when, from time to time, it may be impractical or impossible for a minimum of two adults to be present with youth. Enrollment in 4-H and an updated Treatment Authorization and Health History Form and Waiver of Liability must be renewed annually.

Signature of Youth

Date

Signature of Parent/Guardian

Date

County Use Only		Club Use Only		
				CASH OR CHECK#
Member ID#	Authorizations	Date Received	Treatment Authorization and Health History	Fees Paid \$