NEW MEXICO 4-H LEADER ENROLLMENT

Rio Arriba County

R10/16

2016–2017 4-H Year	FOR OFFICE USE ONLY Received: _____ Complete ◯ Entered: _____

TODAY'S DATE	Year Screened	4-H Club Name

First Name | Middle Initial | Last Name

Mailing Address | City | State | Zip Code

Project Information (check One)
- ☐ First Year Leader
- ☐ Re-enroll

- ☐ I will Provide a Flash drive
- ☐ I will use my club's Flash drive

Home Number _____

Work Number _____

Cell Number _____

E-Mail Address _____

Birthday (Month/Day/Year) _____ / _____ / _____

Gender ☐ Male ☐ Female

I Live Where? (Check One)
☐ Farm or Ranch ☐ Town ☐ Rural

I would like to receive 4-H updates via text messages:
☐ No ☐ Yes
Cell Phone Provider:
_____

Ethnicity: Are you Hispanic ☐ No ☐ Yes

Race: (Check all that apply)
- ☐ White
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander

LEADER ROLES

Please check ALL items below that best describe your 4-H responsibilities:
- ☐ Organizational Leader
- ☐ Assistant Organizational Leader
- ☐ Project Leader
- ☐ Activity/Resource Leader (Demonstrations judging, recreation, club communications)
  Area of Responsibility_____
- ☐ Multi-Club Leader
  Area of Responsibility_____
- ☐ Chaperone/Transportation
- ☐ Teen Leader

Military:
- ☐ I am not in the military
- ☐ Myself and/or spouse is in the military
- ☐ I have a son or daughter in the military

Branch/Component: _____

Within the *last year*, have you been:

	N	Y
▸ Convicted of a criminal offense?		
▸ Convicted for the use of or sale of drugs?		
▸ Hospitalized or treated for alcohol or substance abuse?		
▸ Convicted of child neglect or abuse?		
▸ Convicted of a DUI offense?		

If YES to any of these, please explain or discuss with extension agent.

Project Number & Title	Project Material Needed	Years in Project
	□**Yes** □**No**	
	□**Yes** □**No**	
	□**Yes** □**No**	
	□**Yes** □**No**	
	□**Yes** □**No**	
	□**Yes** □**No**	

As a leader, I certify that this 4-H Club does not discriminate or limit membership because of race, sex, color, national origin, religion, or handicap.

Signature_____

Signature of Organizational Leader: _____