



# 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 \_\_\_\_\_

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