



012 "Garrett County" 4-H VOLUNTEER ENROLLMENT

Full Name (Last, First, MI): _____

Children's Name (Last, First, MI): _____

Birth Date: ___/___/___ Email: _____

- checkbox Email Newsletter checkbox Wants 4-H Mailings checkbox Photo/Media Release checkbox No Council Contact

Primary Phone: () _____ Mobile Phone () _____

Other Phone: () _____ Wireless Provider: _____

Work Phone: () _____ Time to Call: _____

Mailing Address: _____

City: _____ State: ___ Zip: _____ County of 4-H participation: _____

checkbox Has health considerations Health consideration: _____

Occupation: _____ Other Interest: _____

Military Family: (Check applicable box)

- checkbox Active Army checkbox Army Guard checkbox Army Reserve checkbox Active Air Force checkbox Air Guard checkbox Air Force Reserve checkbox Active Navy checkbox Naval Reserve checkbox Active Marine Corps checkbox Marine Corps Reserve checkbox Active Coast Guard checkbox Coast Guard Reserve

Please provide us with this optional data so that we may report to our Federal partners

Racial Groups: (check all that apply):

- checkbox White checkbox Black or African American checkbox American Indian or Alaskan Native checkbox Native Hawaiian or Other Pacific Islander checkbox Asian

Hispanic Ethnicity: (check one):

- checkbox Yes - Hispanic or Latino Ethnicity OR checkbox No -- Not Hispanic or Latino Ethnicity

Residence (Check one):

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

Mark 4-H Projects you are taking on the back of this form.

Name of Primary 4-H Club 1: _____ Club 2:

I give permission to the College of Agriculture and Natural Resources, University of Maryland, to use and publish my video or photographic image for educational and promotional purposes without compensation.

Participant Signature Date Parent/Guardian Signature Date 4-H Leader Signature Date

Refer to the 2012 4-H Project Guide to select your 4-H projects.
 If you are uncertain about which project to select, leave blank. A 4-H staff member will assist with the selection.

Publication Number	Title of Publication	Quantity	Cost per Item	Total	Yrs of Participation
Total for Publications					

Make check payable to Garrett County E.A.C.

Method of Payment: Check _____ Cash _____ Money Order _____