

# OREGON 4-H ENROLLMENT FORM - VOLUNTEER

Enrollment is not complete until code of ethics and health forms are turned in and all fees paid.

Last Name _____	First Name _____	M.I. _____
Preferred Name: _____		
Email _____		
Primary Phone _____	Mobile Phone _____	Other Phone _____
Address _____		City _____
State _____	Zip _____	Township/Community _____

Has Health Considerations? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Occupation (optional) \_\_\_\_\_ Highest Level of Education (optional) \_\_\_\_\_

Military Family? Yes \_\_\_ No \_\_\_ if so what branch \_\_\_\_\_

Would you like your county newsletter emailed to you? Yes \_\_\_ No \_\_\_

Would you prefer to not be contacted by National 4-H Council? Yes \_\_\_ No \_\_\_

Years in 4-H (counting this year) \_\_\_\_\_ Have you been in 4-H in Oregon before? Yes \_\_\_ No \_\_\_

<b>Ethnicity:</b> Not Hispanic ___ Hispanic ___	<b>Gender:</b> Female ___ Male ___
<b>Residence:</b> Farm ___ Sm Town (Under 10,000) ___ Lg Town (10-50,000) ___ Suburbs (over 50,000) ___ City (over 50,000) ___	
<b>Race (check all that apply):</b> White ___ Black ___ Am. Indian/Alaska Native ___ Asian ___ Hawaiian & Pacific Islander ___ Balance/Other ___ Prefer not to state ___	

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Club Name	Primary club? (check only one)

Project Name	Years in project?