

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 ___

Ethnicity: Not Hispanic ___ Hispanic ___	Gender: Female ___ Male ___
Residence: Farm ___ Sm Town (Under 10,000) ___ Lg Town (10-50,000) ___ Suburbs (over 50,000) ___ City (over 50,000) ___	
Race (check all that apply): 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?