4-H EFNEP Group Enrollment Form

Please print in the UNSHADED areas only. Skip #14–#20 if you plan to enter youth individually.

1. Group ID: __________

2. Unit/Group Name: ____________________________

3. Unit Delivery Mode (circle one):
   A - Organized club
   B - Special interest, short-term program & day camp
   C - Overnight camp (resident, primitive, or travel)
   D - School enrichment program
   E - Individual, mentoring or family learning
   F - School-age child care
   G - Instructional television or video

4. Street Address: _______________________________________________


6. Area Code & Telephone: - -

7. Program Start Date: ______/_____/_____  Program End Date: ______/_____/_____  

8. National Initiative: ____________________________

9. Leaders (First and Last Names):
   a. ______ (primary)
   b. ______ (staff)
   c. ______
   d. ______

10. Number of Meetings: __________

11. Number of Contact Hours: __________

12. Number of Youth in other 4-H programs: ________

13. Group Totals: ________

14. Number of females by racial/ethnic background:
   White ______  Black ______  American Indian/Alaskan ______  Hispanic ______  Asian/Pacific Islander ______

15. Number of males by racial/ethnic background:
   White ______  Black ______  American Indian/Alaskan ______  Hispanic ______  Asian/Pacific Islander ______

16. Number of females by age:
   0 under 1 ______  1 ______  2 ______  3 ______  4 ______  5 ______  6 ______  7 ______  8 ______  9 ______

17. Number of males by age:
   0 under 1 ______  1 ______  2 ______  3 ______  4 ______  5 ______  6 ______  7 ______  8 ______  9 ______

18. Number of youth by age:
   0 under 1 ______  1 ______  2 ______  3 ______  4 ______  5 ______  6 ______  7 ______  8 ______  9 ______

19. Number of youth by place of residence:
   a. Farm ________
   b. Towns with population under 10,000 and rural non-farm ______
   c. Towns and cities with population 10,000–49,999 and their suburbs ______
   d. Suburbs of cities with population over 50,000 ______
   e. Central cities with population over 50,000 ______

20. Group Total: ________

21. Name and telephone number of person completing this form:
   First and Last Name: ____________________________
   Area Code and Telephone: ______  ______

Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office. Reviewed November 2014.
4-H EFNEP Individual Member Enrollment Form

Please read instructions before completing this form. Print in the UNSHADED areas only.

1. Group ID: _______  Unit/Group Name: ____________________________  Individual ID Number: _______

2. Name: First: ____________________________  Last: ____________________________

3. Route & Box Number or Street Address: ______________________________________________


5. Race/Ethnic Background (Check One):

[ ] 1-00 White (non-Hispanic)  [ ] 4-00 Hispanic (of any race)
[ ] 2-00 Black (non-Hispanic)  [ ] 5-00 Asian/Pacific Islander
[ ] 3-00 American Indian/Alaskan

6. Residence:  (Check One)

[ ] Farm
[ ] Towns with population under 10,000 and rural non-farm
[ ] Towns and cities with a population of 10,000 to 49,999 and their suburbs
[ ] Suburbs of cities with a population over 50,000
[ ] Central cities with populations over 50,000

7. Area Code & Telephone Number: _______ - _______ - _______

8. Sex:  Male  Female  (Circle One)

9. Date of Birth: _______ / _______ / _______

10. Have you ever been a member of 4-H before?  Yes  No  (Circle One)

11. Are you currently enrolled in any other 4-H program(s)?  Yes  No  (Circle One)

12. Print Parent's/Guardian's Name: __________________________________________

13. Signature of Parent/Guardian: __________________________________________

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