

| FAMILY INFORMATION | | | | | |
|--|---|---|--|--|------------------|
| County: | | Address: | | | |
| Family Name: | | Address 2: | | | |
| Family Email: | | City: | | | |
| Mobile Phone Number: | | State: | TX | Postal Code: | |
| MEMBER INFORMATION | | | DEMOGRAPHICS | | |
| First Name: | | | Residence: | <input type="checkbox"/> Farm <input type="checkbox"/> Town Under 10,000 and Rural-Non Farm <input type="checkbox"/> Town, City or Suburbs 10,000 to 50,000 <input type="checkbox"/> City or Suburb More Than 50,000 <input type="checkbox"/> City - Central, More Than 50,000 | |
| Middle Name: | | | | | |
| Last Name: | | | | | |
| Preferred Name: | | | Are you of Hispanic or Latino ethnicity? | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Prefer Not To State | |
| Birth Date: | | | | | |
| Member Email: | | | Race: | <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other (race not listed) <input type="checkbox"/> White <input type="checkbox"/> Prefer Not To State | |
| Member Mobile Phone: | | | | | |
| Previous Years in Program: | | | | | |
| Gender: | <input type="checkbox"/> Female <input type="checkbox"/> Male | | | | |
| VOLUNTEER TYPE | | | EMERGENCY CONTACT | | |
| <input type="checkbox"/> Program Volunteer | <input type="checkbox"/> AgriLife Extension Employee (NOT 100% county-funded positions) | | Emergency Contact Full Name: | | |
| <input type="checkbox"/> Project Volunteer | <input type="checkbox"/> Certified Shooting Sports Coach <input type="checkbox"/> Livestock Mentor (Master Volunteer) <input type="checkbox"/> Project Leader | | Relationship to Member: | | |
| <input type="checkbox"/> Club | <input type="checkbox"/> Club Manager <input type="checkbox"/> Parent Volunteer/Activity Leader (Most common) | | Emergency Contact Phone: | | |
| | | | Emergency Contact Email: | | |
| ABOUT YOU | | | EMERGENCY CONTACT 2 | | |
| Job Title: | | | Emergency Contact Full Name: | | |
| Employer: | | | Relationship to Member: | | |
| Work Phone: | | | Emergency Contact Phone: | | |
| Work Extension: | | | Emergency Contact Email: | | |
| CLUBS | | | | | |
| Club | | | Club Volunteer Type | | |
| | | | <input type="checkbox"/> Club Manager | <input type="checkbox"/> Parent Volunteer/Activity Leader (Most common) | |
| | | | <input type="checkbox"/> Club Manager | <input type="checkbox"/> Parent Volunteer/Activity Leader (Most common) | |
| | | | <input type="checkbox"/> Club Manager | <input type="checkbox"/> Parent Volunteer/Activity Leader (Most common) | |
| | | | <input type="checkbox"/> Club Manager | <input type="checkbox"/> Parent Volunteer/Activity Leader (Most common) | |
| | | | <input type="checkbox"/> Club Manager | <input type="checkbox"/> Parent Volunteer/Activity Leader (Most common) | |
| PROJECTS | | | | | |
| Project | Club | Project Volunteer Type | | | Years in Project |
| | | <input type="checkbox"/> Certified Shooting Sports Coach <input type="checkbox"/> Livestock Mentor (Master Volunteer) <input type="checkbox"/> Project Leader | | | |
| | | <input type="checkbox"/> Certified Shooting Sports Coach <input type="checkbox"/> Livestock Mentor (Master Volunteer) <input type="checkbox"/> Project Leader | | | |
| | | <input type="checkbox"/> Certified Shooting Sports Coach <input type="checkbox"/> Livestock Mentor (Master Volunteer) <input type="checkbox"/> Project Leader | | | |
| | | <input type="checkbox"/> Certified Shooting Sports Coach <input type="checkbox"/> Livestock Mentor (Master Volunteer) <input type="checkbox"/> Project Leader | | | |
| | | <input type="checkbox"/> Certified Shooting Sports Coach <input type="checkbox"/> Livestock Mentor (Master Volunteer) <input type="checkbox"/> Project Leader | | | |

| MILITARY | | | |
|--|--|--|--|
| Military Service: | <input type="checkbox"/> I Am Serving In The Military <input type="checkbox"/> I Have A Family Member Serving In the Military | <input type="checkbox"/> I Have Retired From The Military <input type="checkbox"/> No One In My Family Is Serving In The Military | |
| Branch of Service: | <input type="checkbox"/> Air Force <input type="checkbox"/> Army | <input type="checkbox"/> Coast Guard <input type="checkbox"/> DOD Civilian | <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Not Applicable <input type="checkbox"/> Space Force |
| Branch Component: | <input type="checkbox"/> Active Duty | <input type="checkbox"/> National Guard | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Reserves |
| OTHER | | COMMUNICATION INFORMATION | |
| Years as a 4-H volunteer including this year? | | Secondary Email: | |
| Communication Preference: | <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail | Residence Address City, State, Zip Code: (If different than mailing address) | |
| Marital Status: | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single | | |
| EMPLOYMENT INFORMATION | | | |
| Place of Employment: | | Length of current employment: | |
| Occupation: | | Employment City/Town: | |
| Employment Address, City, State, Zip Code: | | | |
| VOLUNTEER INFORMATION | | | |
| Shooting Sports Project Enrollment: | <input type="checkbox"/> Not In Shooting Sports <input type="checkbox"/> Archery | <input type="checkbox"/> Hunting Skills <input type="checkbox"/> Muzzeloading | <input type="checkbox"/> Pistol Rifle <input type="checkbox"/> Shotgun |
| What county do you LIVE in? | | | |
| 4-H FRIENDS & ALUMNI INFORMATION | | | |
| Are you a 4-H Alumnus? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Are willing to receive information from the Texas 4-H Friends and Alumni Association? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, what state? | | | |
| If yes, what county? | | | |
| REFUND POLICY | | | |
| PARTICIPATION FEES AND VOLUNTEER APPLICATION FEES | | | |
| <ul style="list-style-type: none"> Participation fees are nonrefundable once the membership or application has been approved by the county office. Once a Volunteer Application has been SUBMITTED into the system the application fee is nonrefundable. | | | |
| EVENT AND ACTIVITY REGISTRATION | | | |
| <ul style="list-style-type: none"> The general refund policy for the Texas 4-H Program is that no refunds are provided to a 4-H member or family once the registration is APPROVED. In extreme circumstances, such as death in immediate family, severe illness/accident, or cancellation of event, refunds will be provided, minus any expenses already incurred by the event/activity. It is the decision of the event coordinator for that particular event if a refund is provided or not, with approval of Texas 4-H Youth Development Program Director. Contact your Local County Extension Office with questions about refunds. | | | |
| ANIMAL VALIDATION (ONLY APPLIES TO YOUTH PROFILES) | | | |
| <ul style="list-style-type: none"> All fees paid are non-refundable once an animal validation has been accepted. | | | |
| Signature to confirm that you have read the refund policy above: _____ | | | |
| FORMS | | | |
| <input type="checkbox"/> Waiver, Indemnification, and Medical Treatment Authorization | <input type="checkbox"/> Volunteer Code of Conduct | <input type="checkbox"/> Media and Photograph Release | |

