

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:			<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Prefer Not To State		
Last Name:					
Preferred Name:		Are you of Hispanic or Latino ethnicity?			
Birth Date:		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 Email:					
Member Mobile Phone:					
Previous Years in Program:					
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male				
VOLUNTEER TYPE					
<input type="checkbox"/> Program Volunteer	<input type="checkbox"/> AgriLife Extension Employee (background check completed by AgriLife HR)				
<input type="checkbox"/> Project Volunteer	<input type="checkbox"/> Certified Shooting Sports Coach <input type="checkbox"/> Livestock Mentor (Master Volunteer) <input type="checkbox"/> Project Leader				
<input type="checkbox"/> Club Volunteer	<input type="checkbox"/> Club Manager <input type="checkbox"/> Parent Volunteer/Activity Leader (Most common)				
EMERGENCY CONTACT			EMERGENCY CONTACT 2		
Emergency Contact Full Name:			Emergency Contact Full Name:		
Relationship to Member:			Relationship to Member:		
Emergency Contact Phone:			Emergency Contact Phone:		
Emergency Contact Email:			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)		
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			<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			
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		<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 Retired From The Military	<input type="checkbox"/> I Have A Family Member Serving In 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"/> Coast Guard	<input type="checkbox"/> Marines
	<input type="checkbox"/> Army	<input type="checkbox"/> DOD Civilian	<input type="checkbox"/> Not Applicable
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"/> Single	
	<input type="checkbox"/> Divorced		
EMPLOYMENT INFORMATION			
Job Title:		Work Phone:	
Employer:		Work Extension:	
VOLUNTEER INFORMATION			
Have you been arrested or convicted of a criminal charge between August 15, 2023 and today?		<input type="checkbox"/> Yes, I have been arrested or convicted of a criminal charge.	
		<input type="checkbox"/> No, I have NOT been arrested or convicted of a criminal charge.	
Shooting Sports Project Enrollment:	<input type="checkbox"/> Not In Shooting Sports	<input type="checkbox"/> Hunting Skills	<input type="checkbox"/> Pistol
	<input type="checkbox"/> Archery	<input type="checkbox"/> Muzzelloading	<input type="checkbox"/> Shotgun
What county do you LIVE in?			
TEXAS 4-H FOUNDATION CLOVER CLUB 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 Foundation Clover Club (Friends & Alumni of Texas 4-H)?
If yes, what state?			
If yes, what county?			
			<input type="checkbox"/> YES <input type="checkbox"/> NO
HEALTH CARE INFORMATION (optional)			
Health Care Statement: I understand that the information requested on this form is intended to help inform staff of any pre-existing medical conditions. You are accountable for providing an accurate medical history. If you have a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. Final determination about whether or not you should participate in any activities is the responsibility of you and your physician. I understand and acknowledge that my failure to disclose relevant information may result in harm to me and/or others during this camp/program. By signing my name, I represent and warrant that I have provided all relevant information regarding pre-existing medical conditions and that it is accurate and complete. I agree to notify the organizers of the camp/program for which I am participating in of any changes in my medical conditions prior to or during the camp/program.			
I agree to the Health Care statement above.	YES	NO	List any special services:
Primary Care Physician:			Primary Care Physician Phone:
Insurance Company:			Policy Number:
Name of Primary Policy Holder:			Relationship to Participant:
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 and that all information above is accurate:			
ADULT ENROLLMENT FORMS			
<input type="checkbox"/> Waiver, Indemnification, and Medical Treatment Authorization		<input type="checkbox"/> Volunteer Code of Conduct	<input type="checkbox"/> Media and Photograph Release