

Adult Enrollment Form

Family Account Information

County _____ Family Email _____ Primary Phone _____

Mailing Address _____ City _____ Zip _____

Adult Enrollment Information

Name (First/Last) _____

Volunteer Years in 4-H _____ Gender _____ Phone _____

Population: Farm Town of less than 10,000 City of 10,000-50,000 City of 50,000 +

Ethnicity: Hispanic Not Hispanic

Race: White Black/African American American Indian/Alaskan Native Asian Hawaiian

Is anyone in your family serving in the military? No Parent Sibling Child Myself or Spouse

Branch of Service: None Army Air Force Navy Marines Coast Guard

Component: Active Duty Reserves None

Emergency Contact Name: _____ Phone _____

Relationship to member _____

Health Information: List any information we should be aware of (include food or drug allergies)

Background Screening Information

Full Name _____ Date of Birth _____

Current and Valid Driver's License? Yes, Utah License Yes, Non-Utah License No Current License

License Number _____

In the past seven years have you been convicted of either a Felony or a Misdemeanor? Yes No

If yes, please explain _____

Reference 1 Name _____ Phone _____

Reference 2 Name _____ Phone _____

I hereby authorize Utah State University Extension 4-H to verify the information I have provided and ascertain any all information that may be pertinent to my volunteer position. This may be done by contacting any person or organization name in this application, or by contacting any person or organization that may have information about me. I authorize a criminal background check to be conducted. I hereby release and agree to hold harmless from liability all persons, organizations or government agencies and the officers, employees and volunteers thereof from any damages of, or resulting from, furnishing such information.

Signature _____ Date _____