



NEW MEXICO 4-H LEADER ENROLLMENT
Rio Arriba County

R9/18

2018-2019
4-H Year

FOR OFFICE USE ONLY

Received: _____ Complete
 Entered: _____

TODAY'S DATE	Year Screened	4-H Club Name
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First Name	Middle Initial	Last Name
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Mailing Address	City	State	Zip Code
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Home Number _____ Work Number _____
 Cell Number _____
 I would like to receive 4-H updates via text messages: Yes No
 Cell Phone Provider: _____
 E-Mail Address _____ (newsletter will be sent to address provided)
 Birthday (Month/Day/Year) _____ / _____ / _____
 Gender Male Female
 I Live Where? (Check One)
 Farm or Ranch Town Rural City

Ethnicity: Are you Hispanic No Yes
Race: (Check all that apply)
 White American Indian or Alaskan Native
 Asian Black or African American
 Native Hawaiian or Other Pacific Islander
 Prefer Not to State

Project Information (check One)
 First Year Leader
 Re-enroll (If you ever been in NM 4-H)

I will Provide a Flash drive
 I will use my club's Flash drive
 (Selecting this option - one flash drive will be utilized for all club member's projects)

LEADER ROLES
 Please check ALL items below that best describe your 4-H responsibilities:

Club Organizational Leader
 Assistant Organizational Leader
 Project Leader
 Activity/Resource Leader
 (Demonstrations judging, recreation, club communications)
 Area of Responsibility _____
 Multi-Club Leader
 Area of Responsibility _____
 Chaperone/Transportation
 Teen Leader

Military:

No one in my family is serving in the military
 Myself and/or spouse is in the military
 I have a son or daughter in the military
 I have a sibling or parent serving in the military

Within the last year, have you been:

	N	Y
▶ Convicted of a criminal offense?		
▶ Convicted for the use of or sale of drugs?		
▶ Hospitalized or treated for alcohol or substance abuse?		
▶ Convicted of child neglect or abuse?		
▶ Convicted of a DUI offense?		

If YES to any of these, please explain or discuss with extension agent.

As a leader, I certify that this 4-H Club does not discriminate or limit membership because of race, sex, color, national origin, religion, or handicap.

Signature _____
Signature of Organizational Leader: _____

Project Number & Title	Project Material Needed	Years in Project 1 st 1
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you are an individual with a disability and need an auxiliary aid or service, please enter your required accommodations on Form 300.A-4 and notify your County Extension Office.