

4-H ENROLLMENT FORM
for Advisors (Organizational, Project & Activity)
Key Leaders and Middle Managers
Highland County

Category: (Circle one)

Organizational Leader

Project Leader

Please list projects/activities you advise: *(This is used for project/activity specific mailings)*

EX: hog advisor, nutrition advisor, Cloverbud advisor, etc.

Last Name _____ First Name _____ MI _____

Address _____

City _____ OH Zip _____

Phone - Home _____ Work _____ Cell _____

E-Mail Address (for mailing use) _____

Birthday _____ This is my _____ year as a 4-H advisor

Current Military Service – Indicate branch of service _____

Ethnic (circle one): Hispanic Not Hispanic

Race (circle one): 1) White 2) Black 3) Alaskan/Am. Ind.

4) Asian 5) Hawaiian/Pac. Island 6) White & Black

7) White & Am. Ind. 8) Black & Am. Ind. 9) White & Asian

10) Not Listed

Club(s) _____

Other 4-H memberships (4-H Committee, Extension Advisory Committee, etc.)

I give permission for photographs taken relating to 4-H Projects & Activities to be used for publicity.

_____ Yes _____ No

Signature

Date

PLEASE NOTE:

***EACH** advisor must complete this form **EACH** year. Please complete **ALL** information requested.*

If this form is not on file at the Extension Office by the re-enrollment deadline, you will not be considered an advisor for the current year and you will not be eligible for an Advisor's Fair Pass.

