



# NEW MEXICO 4-H LEADER ENROLLMENT



1. Today's Date		2. County Name		3. 4-H Club Name	
4. I Live Where? (Check One) <input type="checkbox"/> Farm or Ranch <input type="checkbox"/> Town <input type="checkbox"/> Rural		5. Telephone Number _____		9. Social Security Number ____-____-____	
6. First Name		Middle Initial	Last Name		10. Birthday (Month/Day/Year) ____/____/____
7. Mailing Address					11. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
8. City		State	Zip Code		
12. Ethnicity (Check One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		13. Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		14. Project Information (check One) <input type="checkbox"/> First Year Leader <input type="checkbox"/> Re-enroll <input type="checkbox"/> Corrections (Adding or dropping a project)	

15. **LEADER ROLES** – Please circle all items below that best describe your 4-H responsibilities.

A. VOLUNTEER WORKING DIRECTLY WITH YOUNG PEOPLE USUALLY IN 4-H CLUBS

- Organizational Leader
- Assistant Organizational Leader
- Project Leader
- Activity/Resource Leader (Demonstrations judging, recreation, club communications)  
Area of Responsibility \_\_\_\_\_
- Teen Leader

B. VOLUNTEER WORKING FOR 4-H EXPANSION

- Public Relations & Recruitment (Newsletter, Radio, Newspaper Publicity)
- Advisory Group Leader
- School Enrichment/Special Interest  
Area of Responsibility \_\_\_\_\_
- Multi-Club Leader  
Area of Responsibility \_\_\_\_\_

16. <b>Have you ever been:</b>		Y    N		Reference: Name: _____	
▶ Convicted of a criminal offense?		<input type="checkbox"/>	<input type="checkbox"/>	Phone: _____	
▶ Convicted for the use of or sale of drugs?		<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	
▶ Hospitalized or treated for alcohol or substance abuse?		<input type="checkbox"/>	<input type="checkbox"/>	Reference: Name: _____	
▶ Convicted of child neglect or abuse?		<input type="checkbox"/>	<input type="checkbox"/>	Phone: _____	
▶ Convicted of a DUI offense?		<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	
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 of Leader \_\_\_\_\_

17. Project Number	18. Name of Project	19. Send Projects (Yes/No)	20. Years in Project

**FOR COUNTY USE ONLY**

County Number \_\_\_\_\_ Club Number \_\_\_\_\_ Club Code \_\_\_\_\_ Teen Leader \_\_\_\_\_  
 Ethnic Code \_\_\_\_\_ Residence Code \_\_\_\_\_ Date Entered \_\_\_\_\_