



**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Preferred Pronoun(s):** \_\_\_\_\_

**Previous Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Contact ID (Office):** \_\_\_\_\_

**Which of the following best describes your gender identity? Select all that apply.**  
 Current Information on file:  
 Agender                       Cisgender man                       Cisgender woman                       Transgender man  
 Transgender woman                       Non-binary                       Two-spirit                       Prefer not to say  
 Prefer to self-identify: \_\_\_\_\_

**Which of the following best describes your sexual orientation? Select all that apply.**  
 Asexual                       Bisexual                       Gay                       Heterosexual                       Lesbian  
 Pansexual                       Queer                       Prefer Not to Say                       Prefer to self-identify: \_\_\_\_\_

**Do you identify as a Visible Minority?**  
 Yes     No     Prefer not to say.

**Which of the following best describes your racial or ethnic background? Select all that apply.**

<input type="checkbox"/> African / Black	<input type="checkbox"/> Mexican, Central and South American ancestry
<input type="checkbox"/> Caribbean / Bermudian	<input type="checkbox"/> Mainland /Maritime Southeast Asia (ie: Malaysian, Filipino, Thai, etc)
<input type="checkbox"/> East Asian	<input type="checkbox"/> Multiracial or biracial
<input type="checkbox"/> Hawaiin / Pacific Islander	<input type="checkbox"/> South Asian (ie: Indian, Pakistani, Sri Lankan)
<input type="checkbox"/> Hispanic / Latina / Latino /Latinix	<input type="checkbox"/> Western & Central Asian (ie: Iranian, Iraqi, Turkish)
<input type="checkbox"/> Indigenous (ie: First Nations, Inuit, Métis)	<input type="checkbox"/> White (including Eastern & Western European ancestry)
<input type="checkbox"/> Prefer not to say	

**Personal Mobile:** \_\_\_\_\_ **Personal Email:** \_\_\_\_\_

**Any Medical Conditions/Allergies/Differing Abilities 4-H Staff & Volunteers should be aware of?**

**Are you a person living with a disability?**  
 I have a visible disability                       I do not have a disability  
 I have an invisible disability                       Prefer not to say  
 I have both a visible and invisible disability

**Emergency Contact:** \_\_\_\_\_ **Emergency Contact Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Club:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Contact Type:** Volunteers and Leaders have until February 1 to complete necessary screening and training:  
 Cloverbud (7-8)                       Member (9-21)                       Screened Volunteer                       Screened & Trained Leader

**Additional Training** ie: *First Aid, Food Handlers, Mental Health First Aid, please include expiry:*

**Projects** (Leading or participating in). 1<sup>st</sup> Year Grade 10 Credit & 2<sup>nd</sup> Year Grade 10 Credit. For the horse project specify Light Horse English, Light Horse Western, Horse Basics, Miniature or Draft Horse.

1.	3.	5.
2.	4.	6.

**Household Name:** (last name(s) of family living at same address):

(A household is the primary residence of the individual registering for 4-H and will receive email communication from the 4-H office)

**Household (Home) Phone Number:**

**Civic Address:**

**Town/City:**

**Province:**

**Postal Code:**

**Mailing Address if not same as civic:**

**Civic/PO Box:**

**Town/City:**

**Province:**

**Postal Code:**

**Household Residence Type:**

**Household ID(office):**

Rural  Urban  Farm

**Primary Language:**

**Low Income Household (less than \$30,000):**

Yes  No  Prefer not to say

**First Caregiver (lives at same address)**

**Name:**

**Relationship:**

**Email:**

**Phone:**

**Second Caregiver (lives at same address)**

**Name:**

**Relationship:**

**Email:**

**Phone:**

**Other members living at the same address registered in 4-H:**

**Guardian (Does not live at same address)**

**Name:**

**Relationship:**

**Email:**

**Phone:**

**I have read, understand and agree to comply with the following:**

(Please initial beside each item.)

Code of Conduct for 4-H in Canada \*

Media Release

Participation Agreement \*

4-H Canada Inclusion Statement \*

Privacy Statement \*

Supervision Policy (Rule of Two) \*

Duty to Report Policy \*

\* mandatory compliance

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

(Cloverbud, Member, Screened Volunteer or Trained Leader)

**Print:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

(Parent or Guardian for youth under 19)

**Print:** \_\_\_\_\_