



4-H CLUB/UNIT ENROLLMENT INFORMATION FORM



CLUB/UNIT NAME: _____

CLUB/UNIT KEY LEADER NAME: _____

CLUB/UNIT KEY LEADER EMAIL: _____

IS THIS COMMUNITY RACIALLY MIXED? _____ IS THIS CLUB INTEGRATED? _____
(Y or N) (Y or N)

If the community is racially mixed and the club/unit is not integrated, an AAP-2 form must be attached

WHEN DOES THE CLUB MEET (DATE or DAY(s) OF MONTH & TIME)? _____

WHERE DOES THE CLUB MEET (Complete Physical Address)? _____

PROJECT NAME	PROJECT NAME	PROJECT NAME	PROJECT NAME

I have read the instructions for 4-H Volunteers regarding Compliance to Title VI of the Civil Rights Act of 1964 and certify that this club is open to youth without regard to race, color, sex, disability, or national origin.

CLUB/UNIT KEY LEADER SIGNATURE _____ DATE _____

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