



Youth Group Enrollment Form

Start Date: _____ Date Completed: _____ Hours of Programming: _____

Group, school, agency, library.... Name: _____

Leader/Teacher name (s): _____

Email: _____ Phone: _____

Address: _____

4-H Resources used (or project area): _____

Youth Group Breakdown (please let us know the NUMBER in each category)

1) Sex		2) Military	3) Residence				
Male	Female	Military Children	Farm	Rural <10k	Town 10k-50k	Suburb < 50K	City 50K +

4. Race and Ethnicity							
	White	Black	Am. Indian/ Alaska Native	Asian	Hawaiian/ Pacific Islander	Biracial	Other
Hispanic							
Non-Hispanic							

5. Grades														
K	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	Post HS	Not in school

6. Teachers, volunteers or staff breakdown									
Sex		Race and Ethnicity	White	Black	Am. Indian/ Alaska Nat.	Asia n	Hawaiian / Pacific Isl.	Biracial	Othe r
Male	Female	Hispanic							
		Non-Hispanic							

Why do we need this information?

Rhode Island 4-H is a program of the University of Rhode Island's Cooperative Extension and the United States Department of Agriculture and both publicly and privately funded. This information must be kept to ensure equal opportunity for all children, it is reported nationally and no person's individual identity is divulged. By completing and sending in this form you help us to properly count those that benefit from the 4-H program and help us to continue to support you in your efforts to educate youth.

The University of Rhode Island is an equal opportunity employer committed to the principles of affirmative action.

Send to: URI 4-H Office, 75 Peckham Farm, Kingston, RI 02881 or Fax 401.874.2435 or email Heidi_wright@uri.edu.