Consult current Arkansas 4-H Events Packet in the county Extension office or at http://www.kidsarus.org/go4it/Activities_Events/event_packet/default.htm for program information and due dates.

Please check the 4-H activity for which you are making application.

A SEPARATE APPLICATION SHOULD BE SUBMITTED FOR EACH ACTIVITY FOR WHICH YOU ARE APPLYING.

The minimum age requirement for adult chaperones for in-state events is 21 and for out-of-state events is 25.

Most Activity Registration is done through 4-H Online (https://arkansas.4honline.com). Please consult your County Office with any questions. For those Adult Activities not done through 4-H Online this application must be filled out in its entirety including all required signatures. Incomplete applications will be returned to the county Extension office. All fees/deposits should be paid to the county Extension office. No individual checks will be accepted at the State Office.

Please refer to the event description in the 4-H Events Packet for the criteria for the selection of participants. Additional information regarding application and selection procedures may be found in the Arkansas 4-H State Policy Handbook http://www.kidsarus.org/4hpolicy/default.htm.

☐ Forestry and Wildlife Camp
☐ National 4-H Congress
☐ Other _______________________________________________________________________

* 18 U.S.C. 707
I. General Information

Name ___________________________ ___________ ___________ ___________.

Last       First       Middle       County

Mailing Address ____________________ ______________________ _______________________.

Route, Box or Street       Town       Zip

E-mail address __________________________

Name as desired to appear on nametag __________________________.  □ Female  □ Male

Current CPR Certification?  □ Yes  □ No  

Current First Aid Certification?  □ Yes  □ No

Have you attended this activity before?  □ Yes  □ No  

What Year(s) _________________________

Check one  

□ American Indian or Alaskan Native  □ Asian or Pacific Islander  □ Black  □ Hispanic

□ White

Disabled  □ Yes  □ No  

List Disability __________________________

Work Phone __________________________ Home Phone __________________________

Occupation __________________________ Date of Birth _________________________

In Emergency contact:

1. Name __________________________ Relationship __________________________ Phone (_____) (H) (_____) (W)

2. Name __________________________ Relationship __________________________ Phone (_____) (H) (_____) (W)

3. Name __________________________ Relationship __________________________ Phone (_____) (H) (_____) (W)

T-Shirt Size  □ Small  □ Medium  □ Large  □ Extra Large  □ 2 XL  □ 3XL

Position(s) now held in 4 - H __________________________

Number of years served as a 4 – H Leader __________________________

Number of 4 – H members in your club __________________________

□ Check if you are a 4-H Alumni.

1 This information is requested solely for the purpose of determining compliance with federal civil rights laws, and your response will not affect your eligibility to participate in Extension programs. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.
II. 4-H Club Accomplishments

1. Briefly describe what you feel is the most important accomplishment of your club during the past year.

2. List other major projects your club has conducted in the past two years.

3. Write a brief statement on why you would like to participate in this activity.

4. What contributions do you feel you could make as a member of the group?

Knowing that any group or club is judged largely by the behavior of its individual members, I hereby pledge to conduct myself at this activity in a manner that would be a credit to the program, to my state, my club, and the others in charge of the group.

I also agree to pay my own expenses in accordance with specific activity guidelines.

Applicant Signature ____________________________ Date __________

To Be Certified by Extension Agent: By signing this application, you are certifying that applicant has a current 4-H volunteer application form on file in the county Extension office, has completed the child protection training, and is qualified to attend the activity for which they have applied.

County Extension Agent
Signature __________________________________________ Date __________

County ______________________________________________ Office Phone ___________________

Due dates will be enforced. Any applications received in the State 4-H Youth Development Office past due date will not be considered unless vacant slots exist.

The following Refund Policy will apply to all 4-H events except those which have specific refund guidelines listed in the information for that specific event:

- 100% refund 15 working days before the first day of the event
- 50% refund 7-14 working days before the event
- No refund 0-6 working days prior to the event

Exceptions to this refund policy will be based on personal or family illness or death in the immediate family. Notify county Extension office of cancellation (regardless of date) who will in turn notify the State 4-H Youth Development Office so that alternates can be considered.

The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, national origin, sex, age, or disability, and is an Affirmative Action/Equal Opportunity Employer.