

STEUBEN COUNTY LEADER ENROLLMENT FORM

Mail To:
Cornell Cooperative Extension
3 East Pulteney Square
Bath, NY 14810

CLUB: _____

Circle One: C – Cloverbud G – Organization Leader P – Project Leader

A – Activity Leader R – Resource Leader S - Special

Circle One: N – New Enrollment R – Re-enrollment Drop From Club

Last Name: _____ First Name: _____ M.I. _____

Mailing Address: _____

Town	State	Zip Code
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Email Address: _____

Sex: _____ _____ _____ Years as 4-H Leader _____

Home Phone Work Phone

Ethnic (circle one): White Black Am. Indian/Alaskan Hispanic Asian

Residence (circle one): Farm Rural Under 10,000 Urban 10,000-50,000

Project Name	Project Code	Junior/ Youth Ldr.	Need Lit.	Yrs in Project
_____	_____	yes – no	yes – no	_____
_____	_____	yes – no	yes – no	_____
_____	_____	yes – no	yes – no	_____
_____	_____	yes – no	yes – no	_____
_____	_____	yes – no	yes – no	_____
_____	_____	yes – no	yes – no	_____
_____	_____	yes – no	yes – no	_____
_____	_____	yes – no	yes – no	_____
_____	_____	yes – no	yes – no	_____

I want the Cornell Cooperative Extension Office to be aware of the following disability:

Date: _____