

4-H Membership Fee

As of September 1, 2011 4-H will be instituting a state wide membership fee of \$10.

The breakdown of this fee is as follows:

\$5	T-Shirt (state wide)
\$3	To the County
\$2	To the State

Membership fees will be charged only to youth who have a choice to participate.

For instance, youth in an In School Clubs and School Enrichment Youth are required to participate as part of the class program. Therefore, they do not have to pay the fee.

Youth in an organized afterschool program in which 4-H is a part of the program will not have to pay. They do not have a choice.

Community Clubs, Special Interest Clubs, and Special projects such as pullet chains, livestock projects, face projects, etc. have to pay the membership fee.

If a child is a member of more than one club, they only pay 1 membership fee. If a child is a member of 4-H in more than one county, the counties will split the \$3.

Youth do not have to pay the fee all at once. They could pay \$2 per month, etc. They will not receive a shirt until the fee is paid.

If the membership fee will be a hardship on the family (even at \$2 per month), then the family may complete a 4-H Scholarship Request Form.

MEMBERSHIP FEES ARE NON REFUNDABLE FOR ANY REASON



2011-2012 SC 4-H MEMBER ENROLLMENT

Full Name (Last, First, MI): _____

Parent/Guardian Name (Last, First, MI): _____

Birth Date: ____ / ____ / ____ Member Email: _____

Email Newsletter Wants 4-H Mailings Photo/Media Release

Primary Phone: () _____ Youth Mobile Phone () _____

Other Phone: () _____ Wireless Provider: _____

Parent/Guardian Work Phone: () _____ Parent Mobile Phone: () _____

Time to Call: _____ Parent/Guardian Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County of 4-H participation: _____

Has health considerations Health consideration: _____

Military Family: (Check applicable box)

<input type="checkbox"/> Active Army	<input type="checkbox"/> Army Guard	<input type="checkbox"/> Army Reserve	<input type="checkbox"/> Active Air Force
<input type="checkbox"/> Air Guard	<input type="checkbox"/> Air Force Reserve	<input type="checkbox"/> Active Navy	<input type="checkbox"/> Naval Reserve
<input type="checkbox"/> Active Marine Corps	<input type="checkbox"/> Marine Corps Reserve	<input type="checkbox"/> Active Coast Guard	<input type="checkbox"/> Coast Guard Reserve

Please provide us with this optional data so that we may report to our Federal partners

Racial Groups: (check all that apply):

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Asian

Hispanic Ethnicity: (check one):

Yes – Hispanic or Latino Ethnicity OR No -- Not Hispanic or Latino Ethnicity

Residence (Check one):

Farm Rural/Town less than 10,000 Town/City 10,000 to 50,000 Suburb City over 50,000

Mark 4-H Projects you are taking on the back of this form.

Name of Primary 4-H Club 1: _____ Club 2: _____ Club 3: _____

Participant Signature

Parent/Guardian Signature

4-H Volunteer/Leader Signature

Tshirt size YS ____ YM ____ YL ____ AS ____ AM ____ AL ____ AXL ____ AXXL ____

Membership Fees are non refundable



**South Carolina 4-H
Volunteer Registration Form**

This form is used to register as a new adult 4-H volunteer and to provide up-to-date information for our country 4-H database. This is one part of the South Carolina 4-H volunteer appointment process. In order to be an official, appointed 4-H volunteer, you will also be required to complete an Extension *Volunteer Status Form*, which authorizes background and references check. For current volunteers, this form should be used to notify the country office of any changes of information. If you are making changes, fill in your name and just the new information. The information on the form is used by the County Extension Office so we can send you newsletters and other 4-H information. (Your information will be used just for 4-H.)

What is today's date? _____

Why are you filling out this form? (check one) new volunteer new information leaving 4-H

What type of 4-H volunteer are you? (check all that apply)

Club leader Show/Event coordinator 4-H Project Leader Country 4-H Association member
 Advisory Group member (list group) _____
 Other _____

How many years have you been a 4-H Volunteer? (include this year which began in September) _____ years

First Name: _____ Middle Initial: _____ Last Name: _____

Street or PO Box: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ County: _____

Birthdate _____ / _____ / _____ Are you (check one): Male Female

What is your racial- ethnic category? (This is optional and used for government reporting purposes only.)

Check one that describes you:

White Black Am. Indian/Alaska Native
 Hispanic Asian Hawaiian/Pac. Island

Do you live on a farm? Yes No E-mail address: _____

Home Phone: () _____

Cell Phone: () _____

Occupation: _____

Work Phone: () _____

use work number for emergencies only

Spouse's name: _____

Occupation: _____

Cell phone: () _____

Work Phone: () _____

use work number for emergencies only

-continued

**Clemson University
OFFICE OF HUMAN RESOURCES**
**Consent Form - Criminal Conviction Check
POLICIES AND PROCEDURES**
Applicant Information (Please print or type)

All the names you use or have used

Last	First	Middle	Maiden

Social Security #	Date of Birth	Gender	Race

Physical Addresses: Present and Former Physical Addresses (where you have resided for two consecutive years)
(No Post Office Boxes)

Address	City /State	Zip	Dates: From	To

Have you ever been convicted of any unlawful offense, other than a minor traffic violation? No
Yes (A criminal conviction does not necessarily disqualify an applicant for employment consideration. Making untrue statements or otherwise failing to report criminal conviction will disqualify an applicant for consideration of that or any position at the University for a period of 12 months or longer for falsification of an application.)

If yes, list the date of all conviction(s) and crime(s) for which you were convicted regardless of how minor or how long ago it may have been. NOTICE: We conduct criminal conviction checks. Attach additional page if needed.

Date	Location (county/state)	Crime

Are you in default on any of the following types of student loans: **National Direct Student Loan, National Defense Student Loan, Nursing Student Loan, Health Professions Student Loan, Law Enforcement Loan, or Guaranteed (Federally Insured) Student Loan?** Yes No

If yes, attach copy of repayment arrangements agreed upon by creditor.

I hereby authorize Clemson University Office of Human Resources and/or its agents to make an independent investigation of my background, references, employment, education, credit history, and criminal or police records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application or Resume and/or obtaining other information which may provide evidence to my qualifications or suitability for employment, promotion, transfer/reassignment or retention as an employee. I release Clemson University

Candidate Initials: _____

and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources.

I understand that I will be given opportunity to respond to any incorrect information provided by the company conducting the investigation. **In addition, I understand that it is the obligation of the employer to notify me if information contained in the consumer credit report is being used to deny me employment.**

I hereby certify that all information I have provided on this form, employment application, resume and/or other submissions is true and complete to the best of my knowledge and belief. I understand that by admitting to a conviction for any unlawful offense, I will not be automatically disqualified from consideration for employment. I understand that false or misleading information or documentation, or an omission or failure to include all relevant information, may result in rejection of my application, action up to and including termination if hired, and/or criminal prosecution. If hired, I understand the university may terminate me if false or misleading information is given in order to meet the requirements for the position involved.

SIGNATURE _____ **DATE** _____

TO BE COMPLETED BY DEPARTMENT CONTACT - THIS PERSON WILL BE NOTIFIED OF RESULTS

NAME	DEPARTMENT NAME	EMAIL ADDRESS	PHONE

Applicant's Education Level: High School Some College or College Grad.

Employee status: Permanent Temporary Student Volunteer Intermittent

Funding Source (Circle One): E&G or Other

Please list account number: _____

Department/Position Number/Job Opening #: _____ / _____ / _____

HR BACKGROUND INVESTIGATOR VERIFICATION:

DATE CRIMINAL CONVICTION CHECK PERFORMED: _____	NO ADDITIONAL CRIMINAL CONVICTION(S) FOUND: _____	ADDITIONAL CRIMINAL CONVICTION(S) FOUND: _____
DATE CRIMINAL CONVICTION CHECK REQUESTED: _____	DATE DEPARTMENT NOTIFIED WITH RESULTS: _____	NOTIFIED BY: EMAIL OR PHONE

Club and Project Information

Please list the club(s) you are working with and the project(s) that club offers. (example: dog, drama, foods, cavy, horse, citizenship, rocketry, etc.)

Name Club 1: _____

Name Club 2: _____

Project: _____

Project: _____

Project: _____

Project: _____

Project: _____

Project: _____

(If you have more clubs or projects than fit on this page, please list them on a separate piece of paper.)

Refer to "How to Start a 4-H Club" in the 4-H Leader Training Series (www.clemson.edu/4h) for important and helpful information.

Other Information

South Carolina 4-H Media Policy and Release: I, (print name) _____, hereby grant permission to Clemson University, its employees or representatives, to take and use: photographs, videotape and/or digital images of me for use in promotional or educational materials. These materials might include printed or electronic publications, websites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Clemson University.

Signature: _____ Date: _____

I want the 4-H Office to be aware of the following disability: _____

Signature

I believe all the above information is complete and correct.

Leader's Signature: _____ Date: _____

Please return the completed form to the Clemson Extension/4-H office in your county.

10/2005

From: _____

Place
Stamp
Here