JMG℠ Junior Master Gardener℠ Teacher/Volunteer Registration Form

JMG Group Name _____

Check (✓) preference ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name _____
(Last) (First) (Middle Initial)

Mailing Address _____

City/Town _____ Zip Code _____

Phone Number: Home ( ) _____ Work ( ) _____

Social Security Number (optional) _____/ _____/ _____ ☐ Male ☐ Female

E-mail address: _____ ☐ Adult ☐ Youth

This information is requested to gather statistics for compliance with nondiscrimination requirements.

Check (✓) only one

- ☐ 1. American Indian or Alaskan Native
- ☐ 2. Asian or Pacific Islander
- ☐ 3. Black - not Hispanic origin
- ☐ 4. Hispanic
- ☐ 5. White - not of Hispanic origin

Residence

Check (✓) only one

- ☐ 1. Rural/Farm
- ☐ 2. Town less than 10,000
- ☐ 3. City between 10,000 and 50,000
- ☐ 4. Suburb of city more than 50,000
- ☐ 5. Central city more than 50,000

Type of 4-H Unit

Check (✓) only one

- ☐ 1. Organized 4-H Clubs
- ☐ 2. Special Interest
- ☐ 3. Overnight Camping Programs
- ☐ 4. School Enrichment
- ☐ 5. Individual Study
- ☐ 6. School-aged Child Care

Major Leadership Responsibility

- ☐ 1. Organized club volunteer
- ☐ 2. Project Volunteer
- ☐ 3. JMG Volunteer (specify) _____
- ☐ 4. Other (specify) _____

4-H Alumni: ☐ Yes ☐ No

State _____

County _____

Do you work directly with youth?

☐ Yes ☐ No

Code	Project Name
GCCC	Junior Master Gardener

Years as a 4-H Volunteer (including this year) _____

_____ _____
Date Signature

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