Annual 4-H Club Authorization Form

Club Name: __________________________ Location: _____________________________
Contact Person: __________________________ Phone Number: ______________________
Main Projects (what you want listed on brochure, think big!): __________________________

Preferred maximum number of youth in club: ___________ Are you accepting new members this year? ___ Yes ___ No
If no, why? ______________________________________________________________________
Purpose of Group: __________________________________________________________________

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<th>Adult Volunteers (application on file)</th>
<th>*Leader Type</th>
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*Leader Types & Definitions:
Administrative Leader – responsible for the club’s overall management, paperwork, etc.
Project Leader – teach project and life skills to members using age-appropriate activities and 4-H curriculum
Cloverbud Leader – teach project and life skills to Cloverbuds (4-H age 5-8) using age-appropriate activities and 4-H curriculum
Activity Leader – carry out a selected activity or activities from planning an event to working with youth
Resource Leader – teaches a specific lesson, provides background information, acts as driver/chaperone
Note: Additional club volunteers can be added at any time. Contact the 4-H Coordinator for more information!

I have read, understand and promise to share the following information with youth, parents and volunteers in my club.

- A 4-H Club consists of at least 1 registered adult volunteer, 5 youth from 2 or more families, and meets a minimum of 6 times.
- 4-H clubs must get written approval from 4-H Staff before holding a fundraiser or asking/soliciting for or receiving donations of money or other items.
- All flyers or promotional items must be approved by the 4-H Staff before being distributed.
- If a club is making a group purchase of taxable merchandise, they can get a Michigan Sales and Use Certificate of Exemption from the MSU Extension office so hopefully they won’t have to pay Michigan sales tax on the items.
- There is supplemental medical insurance available for clubs to purchase for $1 per year per person.
- Our club will only use new 4-H forms. We understand that social security numbers are not to be collected.
- If any youth is not able to pay the $10 participation fee due to financial hardship, the club leader or parent/guardian will contact the 4-H Office to discuss the need for a scholarship.

I understand that my name, club meeting location and contact phone number will be printed in a brochure available to the public and listed on the MSU Extension County 4-H web page on the internet. I also understand that the club is responsible for collecting and submitting the 4-H member’s participation fee to the MSU Extension office within two weeks of members registering with the club (make checks payable to MSU). My signature below indicates that I have read and agree to these provisions.

Signed: ________________________________ Date: __________________________
4-H Volunteer Leader in Charge of Club

On the basis of the above purpose(s), this 4-H club/group is authorized to use the 4-H name and emblem in connection with its program and activities and is considered an official unit of Michigan State University Extension and Michigan 4-H.

Signed: ________________________________ Date: __________________________
4-H Program Coordinator

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Michigan State University Extension

_______________ County 4-H Youth Program

Civil Rights Compliance Statement

Name of Group (Club):
________________________________________________________________________

Primary Location:
____________________________________________________________________________

I understand that the use of the 4-H name and emblem is granted on the basis that membership in
the group named above is open to all without regard to race, color, national origin, gender,
gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation,
marital status, family status or veteran status.

_____________________________________________
Signature of Club Coordinator

_____________________________________________
Date

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