JMG Junior Master Gardener
Alabama Volunteer Enrollment Form & JMG Registration Agreement

1	County: _____	JMG Group Name: _____ (Must include 'JMG' in Group Name)	OFFICE USE ONLY: I.D. #: _____

Name:_____
Last *First (or called)* *Middle initial*

Mailing Address:

Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

City/Town: Zip Code:

Cell Phone: (_____) _____ - _____

Gender: _____ Male _____ Female

E-mail: _____ @ _____

2 RACE

This information is requested to gather statistics to comply with non-discrimination requirements.

Are you of Hispanic ethnicity? Check (✓) only one.

☐ Yes ☐ No

What is your racial group(s)? Check (✓) all that apply.

☐ 1. White
☐ 2. Black or African American
☐ 3. American Indian or Alaskan Native
☐ 4. Asian
☐ 5. Native Hawaiian or Pacific Islander

3 RESIDENCE

Check (✓) only one

☐ 1. Farm
☐ 2. Town under 10.000 and rural non-farm
☐ 3. Town/City 10,000-50,000 and its suburbs
☐ 4. Suburb of city more than 50,000
☐ 5. Central city of more than 50,000

4 OTHER

4-H Alumni: __ Yes __ No

Teacher: __ Yes __ No
If yes, School Name: _____

No Of Years as 4-H Volunteer: _____ Years (including this year)

Major Leadership Responsibility

☐ 1. Group Leader

☐ 2. JMG Volunteer (specify) _____

5 Type of 4-H Group/Club

☐ 1. Community Club ☐ 2. In-School Club ☐ 3. Special Interest/Project Club ☐ 4. After-School Club ☐ 5. Military Club

6 Agreements

_____ I have read the JMG Management Guide and agree to follow the JMG guidelines.

_____ I agree to assist the protecting the service marks and copyright of the JMG program as described.

_____
JMG Leader signature (date)

7 Submitting this form

The leader should complete this form and submit it to the JMG Program headquarters at

To: Luci Davis
Alabama State Junior Master Gardener Coordinator
Alabama Cooperative Extension System
110 Duncan Hall
Auburn University, AL 36849
davislg@aces.edu
Fax 334-844-2252

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