Mississippi 4-H Junior Master Gardener℠ Program

Leader/Teacher Registration *Form*

The group teacher/leader must complete this form and return it to the county Extension 4-H agent.

JMG℠ Group Name_____ Unit/Club Number _____

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

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

Mailing Address _____

City/Town _____ Zip _____

Phone Number: Home (___) _____ Work (___) _____

E-mail Address: _____ ❑ Male ❑ Female ❑ 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 of 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

Major Leadership Responsibility

❑ 1. Club Manager
❑ 2. Project Leader
❑ 3. Activity Leader
❑ 4. JMG℠ Volunteer *(specify)* _____
❑ 5. Other *(specify)* _____

Code	**Project Name**
10089	Junior Master Gardener℠

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

_____
Signature

_____
Date

Type of 4-H Unit

Check (✓) only one

❑ 1. Community
❑ 2. Project
❑ 3. School
❑ 4. Community Partnership
❑ 5. Clover Kids (K-2)
❑ 6. Special Interest
❑ 7. Curriculum Enrichment
❑ 8. Camping
❑ 9. ENP-Y

4-H Alumni: ❑ Yes ❑ No

State _____

County _____

Do you work directly with youth?

❑ Yes ❑ No

Mississippi State University does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or veteran status.

Form 1041 (250-6-01)