4-H Name and Emblem Request

4-H Name and Emblem Request must accompany enrollment forms from each club/group to the MU Extension county office. Club leaders must fill out a new form each year.

THIS SECTION TO BE COMPLETED BY 4-H VOLUNTEER

To (4-H youth specialist) _______________ County __________________________

Youth and Volunteer enrollment forms are enclosed for:

Name of Club/Group ___________________________ EIN # __________________________

I certify that the 4-H club/group provides equal opportunity to all participants without discrimination on the basis of race, color, national origin, ancestry, religion, sex, sexual orientation, gender identity, gender expression, age, genetic information, disability, or protected veteran status.

If the club/group was organized for the first time in the last 24 months, give the date the club/group was organized _______________. The regular meeting day and time of our club/group is __________________________.

I acknowledge that in my volunteer service for Missouri 4-H Youth Development Programs, I will have access to confidential information contained in the volunteer applications and/or records of volunteers serving the organization. I agree that I shall not disclose any such information to any unauthorized person and I will adhere to confidentiality guidelines of the Missouri 4-H Youth Development Programs. I further acknowledge that a proven breach of confidence could be a cause for termination from my volunteer position.

Furthermore, I agree that the above named 4-H club/group will follow all financial guidelines for 4-H groups outlined in the Missouri 4-H Treasurer Record Book.

With these affirmations, I hereby request permission for our club/group to use the 4-H name and emblem in conducting educational programs. 4-H Councils and Clubs derive their federal tax exemption status from their local county extension council under IRS Code Section 115 (1). 4-H Councils and Clubs do not pay federal income tax or need to file a form 990.

Date __________________________

Signature of Club/Group Leader __________________________________________

Indicate the type of 4-H club/group

☐ Community or single project 4-H club
☐ Individual or independent 4-H club member
☐ 4-H Clover Kid Club
☐ Other 4-H club/group
County ____________________________

SECTION 1

Check one of the following

☐ Community is a racially mixed community and the group is integrated.

☐ Community is a racially mixed community but the group is not integrated.
   (Add information in Section 2 below.)

☐ Community is not an interracial community as defined in the county Affirmation Action plan.

I have informed this club/leader of confidentiality and affirmative action requirements for Missouri 4-H Youth Development Programs. This club/group is authorized to use the 4-H name and emblem in keeping with federal guidelines and is granted tax-exempt status for the ________ program year.

Signature of 4-H Youth Specialist __________________________________________

Date ______________________

SECTION 2

Indicate the efforts that have been made to achieve an integrated club/group.

The University of Missouri Extension County office keeps the original and sends copies to the regional director and 4-H club/group to comply with affirmative action regulations.