

Tuscarawas County 4-H Club Information Sheet – 2021 Program Year***Please Type or Print Neatly – All Information Required*****Return completed form by March 2, 2021.**Complete and submit online: tuscarawas.osu.edu/program-areas/4-h-youth-development/4-h-parents-and-volunteersEmail: heckel.13@osu.eduMail/Drop Box: OSU Extension Tuscarawas County, 419 16th Street SW, New Philadelphia, OH 44663.**CLUB NAME:** _____**CLUB ORGANIZATIONAL LEADER:** _____**PHONE:** _____ **IS CLUB ACCEPTING NEW MEMBERS?** Yes No**DOES YOUR CLUB HAVE A SOCIAL MEDIA SITE** (Facebook, web site, Instagram, etc.)? Yes No**If Kiersten is not already added to your club's page, please do so.**

Social media site address: _____

Page is set to private: Yes No**TYPES OF PROJECTS your club offers or is willing to accept:** Please check (✓) all that best describes the club.

- Beef
- Dairy
- Goats
- Horses
- Poultry
- Rabbits

- Sheep
- Swine
- Companion Animals (includes but not limited to cats, caviars, dogs, pet rabbits, pocket pets, etc.)
- FCS – Food & Nutrition

- FCS – Clothing
- FCS Related
- Miscellaneous
- Shooting Sports
- Willing to accept members in any project area

What school districts do your members attend? Check (✓) all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Claymont City Schools | <input type="checkbox"/> Newcomerstown Exempted Village Schools |
| <input type="checkbox"/> Dover City Schools | <input type="checkbox"/> Strasburg-Franklin Local Schools |
| <input type="checkbox"/> Garaway Local Schools | <input type="checkbox"/> Tuscarawas Central Catholic |
| <input type="checkbox"/> Indian Valley Local Schools | <input type="checkbox"/> Tuscarawas Valley Local Schools |
| <input type="checkbox"/> New Philadelphia City Schools | |

 Other, please specify: _____**What is the approximate age range of club members?** _____**Club meeting days and times:** _____**How is your club meeting in 2021?** Virtual only Combination virtual and in-person

Location of club meetings (list location name and physical address):

Horse clubs only: days, times, location of club workouts:

Cloverbud Program (*Children enrolled in Kindergarten **and** age 5 years until age 8 years **and** in third grade.*)

- Does your club currently have Cloverbuds? Yes No Only siblings of current 4-H members
Are you willing to accept Cloverbuds? Yes No Only siblings of current 4-H members

If known, planned fund raisers for 2021:

If known, planned community service for 2021:

Your club's community service project(s) in 2020:

Approximate number of hours spent on your community service project in 2020 (number of participants multiplied by number of hours spent on project): _____

Please check (✓) all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> My club would like to have more members age 8-18. | <input type="checkbox"/> My club would like to have more advisors. | <input type="checkbox"/> My club is disbanding in 2021. |
| <input type="checkbox"/> My club would like to have more Cloverbuds. | <input type="checkbox"/> My club membership is at capacity. No referrals. | |

CURRENT CLUB ADVISORS: Please list all.

**All new advisors must complete the application/orientation process prior to being added to your enrollment!*

Advisor Name	Advisor Name