



**Request for Official Approval of a 4-H Unit,
Certification of Nondiscrimination, and
Permission to use name and emblem**



Name of Group _____

Type of Group 4-H Club ____ 4-H Special Interest Group ____ County 4-H Group or Council ____

Purpose of Group _____

This is to certify that the above named 4-H Unit is open to all eligible persons regardless of race, color, sex, gender identity, sexual orientation, national origin, religion, age, disability, marital or veteran status, genetic information, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer. This is to certify that the above named 4-H unit is not a single-family group.

Volunteer leader or other group leader responsible for the 4-H Unit (print name) _____

Signature _____ Date _____ County _____

Email _____ Phone # _____

Address _____

City _____ State: _____ Zip _____

Official Approval for 4-H Unit

On the basis of the above named purpose(s), the _____

Is authorized to use the 4-H name and emblem in connection with its program and activities and is considered an official 4-H Unit of the Cooperative Extension Service.

County Extension Agent-Staff Chair (Print name) _____

County Extension Agent-Staff Chair (signature) _____

Date _____ County _____

State Office review completed

The University of Arkansas System Division of Agriculture offers all its Extension and Research programs to all eligible persons without regard to race, color, sex, gender identity, sexual orientation, national origin, religion, age, disability, marital or veteran status, genetic information, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer.