

4-H Enrollment Membership Special Variance Transfer Application

For use in the Front Range Counties of Adams, Arapahoe, Boulder/Broomfield, Douglas, Jefferson, Larimer, Weld

Thank you for your desire to join our 4-H Program. Our goals are to encourage positive youth development for members and families. Please see the Colorado 4-H Membership policies document for full details on membership policies. This form is to help with the application and process of the transfer.

Purpose of Special Variance Application:

For those individuals who reside in counties with active 4-H programs that are interested in belonging to the CSU Extension 4-H Program in Front Range Counties because of special circumstances that warrant the move to a different 4-H program.

It is the view of the CSU Extension Offices in Front Range Counties that people should participate in their local county program. Facilitating a positive experience in 4-H is more efficiently accomplished utilizing your local Extension office.

Special circumstances will be narrowly defined as situations that are not resolvable or place the family in circumstances that will not allow them to participate in their local 4-H program. This situation may not include disciplinary action taken by state or local Extension offices.

These special circumstances will be considered on an individual basis with the decision being based on whether the circumstances are resolvable within their own county. The decision as to whether the circumstances fit within the narrow definition lies strictly with the CSU Extension Offices in Front Range Counties. Final approval will be granted by the State 4-H Office.

Acceptable reasons to transfer into another County:

- 1. When a 4-H member's family moves.
- 2. When the 4-H member lives part of the year in one county and part of the year in another county.
- 3. When other situations regarding residency arise.
- 4. When transferring into their county of residence.
- 5. Or as other situations arise that merit special consideration deemed appropriate by the Colorado 4-H Agent and Colorado State 4-H Program Director.

County Previously Enrolled In:	County of Residence:		
Name:	Age:	_	
Physical Address:		_	
Mailing Address:			
Phone Number:			



Please initial next to the below two statements indicating that you have read them and agree to them.

	residence may not including	not transfer to the year of trans	or enroll in another c sfer or enrollment	ounty for a minimum	n of one 4-H year	
2.			rogram Policies and I	Fair Requirements of	the County that I	
for eni	rollment trans	fer. Please be	onal page, please pro very specific in givin an additional sheet.			
Use the	ese questions to	o help state you	r reasons for transfer	ring counties.		
1.			g agent in the county I have out of about the transf			
2.	Why are you	wanting to trans	sfer counties?			
3.	What can you	bring or contrib	bute to 4-H in your ne	ew county?		
4.	How would yo	ou benefit from	being a part of 4-H in	n your new county?		
For Of	fice Use Only:					
The ou this tra	tgoing agent _ nsfer and make	e the following	and the incoming recommendation:	agent	_ have discussed	
Approv	ve:	Deny:				
State 4	-H Office:	Approve	Deny	Date:		