



**Virginia Beach 4-H Livestock, Inc.
Cured Ham Project Registration
2020 Project Year**

Note: 4-H Parents and Adult participants must sign on signature line. Project tentatively begins January 18, 2020.

| <u>Names:</u> | <u>Date of</u> | | <u>Number</u> | <u>E-mail Address</u> |
|-----------------------------------|----------------|------------|---------------|----------------------------------|
| <u>Youth Participants (5-19):</u> | <u>Birth</u> | <u>Age</u> | <u>Hams</u> | <u>(help save postage costs)</u> |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| <u>Adult Participants:</u> | | | | |
| _____ | N/A | N/A | _____ | _____ |
| _____ | N/A | N/A | _____ | _____ |
| Total Number of Hams | | | _____ | _____ |

Note: For the 2020 project, youth will have the first priority of ordering their hams by December 10, 2019. After the youth registration deadline passes, the project will be opened to adults. We're also limiting the total number of hams in the project to 200 due to available smokehouse space. Hams are limited to 2 per person (Cloverbuds, ages 5-8 are limited to 1 ham). A \$22 payment is required for each ham ordered with registration form. Make check or money order payable to "VB 4-H Livestock, Inc." We do not accept Credit Card payments. Registrations are taken on a first-come, first-served basis.

Family Address: _____

 Zip _____

Phone: (Day) _____ (Evening) _____ (Cell) _____

Participants must read and agree to abide with the Project Guidelines. All participants must complete 4-H Enrollment Forms (Adult and Youth) in addition to this form (or have enrolled on <https://va.4hOnline.com>). **Participants agree to pay for all hams requested on this form at the time of registration.**

 4-H Parent/Adult Participant Signature Date

More information will be sent upon receipt of this registration. No hams will be distributed until all forms are completed and payment has been made. Call Michelle Cox at 748-6316 or Brooke Barnett at 621-0058 if you have any registration questions. Call Roy Flanagan at 385-8139 or Sarah Farley at 385-8153 if you have any specific ham project questions.

Mail this form with payment to: 4-H Ham Project
 PO Box 6524
 Virginia Beach, VA 23456

*****Smokehouse Assignments:** 1st time participants will automatically be assigned to the Vaughan Smokehouse for individualized instruction. Repeat participants are requested to provide your preferred smokehouse location:

- Vaughan Smokehouse (Pungo) Malbone Smokehouse (Pungo) Talbott Smokehouse (Blackwater)

Final determination of your smokehouse location will depend on # of hams & smokehouse availability

NO GUARANTEES!

Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer. Issued in furtherance of Cooperative Extension work, Virginia Polytechnic Institute and State University, Virginia State University, and the U.S. Department of Agriculture cooperating. Edwin J. Jones, Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg; M. Ray McKinnis, Interim Administrator, 1890 Extension Program, Virginia State University, Petersburg.

If you are a person with a disability and desire assistance or accommodation, please notify the Virginia Beach Extension Office at (757) 385-4769/TDD*) during business hours of 8 a.m. and 5 p.m. *TDD number is (800) 828-1120.

Cured Ham Project – Virginia Beach Project Guidelines for 2020

The 4-H Ham Project is an educational program to teach youth and adults the process of salt curing and smoking hams, cooking cured hams and carving cured hams. Participants in this project will learn how to salt-cure and smoke their own country hams.

A ham show and auction at the end of the project year allows participants (youth and adult) to compare their hams with others in their class group and reward the top four 4-H youth ham participants.

The project is very popular and a waiting list has developed the last few years. Because there is not enough room in the 3 available smokehouses to accommodate everyone, the number of hams each participant can buy is being limited. Youth enrollment always has priority over adults.

Project Guidelines for 2020

1. One ham maximum per Cloverbud ages 5 – 8.
2. Two hams maximum per 4-H member ages 9 – 19.
3. Two hams maximum per adult participant – over 19.
4. All persons (youth and adults) signed up for the project must participate in the project curing process. No phantom participants allowed.
5. All 4-H youth participants must exhibit one ham at the show and turn in a completed 4-H Ham Project Record Book by 4 p.m. on June 8th or during the show (May 28-29). (See project schedule for weigh-in dates). If not, they cannot participate in the Ham Project the following year. The 4-H Ham Project Record Book will be posted on our website: <https://virginia-beach.ext.vt.edu/programs/4-H/ourprograms.html> or can be picked up on January 18th (first day of project).
6. The 4-H Adult participation is encouraged in the Ham Show. We need to have 40-50 hams at a minimum in order to still hold the adult show. The 4-H Livestock Show and Sale will **be held May 28th - May 29th, 2020** at the Creeds Ruritan Community Complex, 1057 Princess Anne Rd., Virginia Beach.
7. All hams must be salted and smoked. No fresh cooking of hams per agreement with our Smithfield ham sponsor.
8. Hams will be cured by the approved 4-H method as demonstrated at the initial salting at the Farmer's Market (1st day of project). Although not needed for the curing of the ham, bending of the ham knuckle joint is allowed, however, breaking the joint is not allowed. Everyone (seasoned and new participants) involved in the project should attend one of the three demonstrations given on the first day at the Farmer's Market to make sure you are correctly preparing your ham(s) for processing.



Date _____

1. **Name** _____
LAST FIRST MI

2. **Mailing Address** _____
RFD AND BOX NUMBER OR STREET NAME AND NUMBER

CITY OR TOWN STATE ZIP

3. **Home Phone** (_____) _____ 4. **Alternate Phone** (_____) _____

5. **Birthdate** ____/____/____
Month Day Year

6. **Ethnicity** (check one):
 Hispanic or Latino
 Not Hispanic or Latino

7. **Racial Groups** (check all that apply):
 American Indian/Alaskan Native
 Asian
 Black/African American
 Native Hawaiian/Other Pacific Islander
 White

8. **Residence** (check one):
 Farm
 Rural Non-farm or town less than 10,000
 Town/City 10,000 to 50,000
 Suburb
 City over 50,000

9. **Gender:** Male Female

10. **Grade in school** _____ 11. **Name of School** _____

12. **Years in 4-H**, Counting this year _____ 13. **Member email** (if available) _____
Parent email (if available) _____
Social Media Preference _____

14. **Parent/Guardian Name** _____

Virginia Cooperative Extension periodically uses photographs or video or audio footage or testimonials of 4-H members for local, regional, or state publicity or educational purposes. By my signature below I give permission for Virginia Cooperative Extension to use such reproductions for educational and publicity purposes.

I understand that some of the above information is considered private. This information will be used for programming purposes and given to people responsible for each program.

Signature of Parent/Guardian* _____ Date: _____

*Add, if appropriate, the name, address, and telephone number of second parent, if not residing at address above.

Signature of Youth _____ Date: _____

Check box if you decline permission for photos to be taken.

15. **Projects to be Conducted** (see list on back)

| CODE | PROJECT NAME |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

16. **Teen Leader?** Yes No

17. **Office held this year** (check one)

President Treasurer
 Vice President Reporter
 Secretary Recreation Leader
 Other _____

18. **Name of 4-H Club(s) or Group(s)** _____

19. **All Star?** Yes No 20. **Member of an after-school club?** Yes No

21. **Parent(s)/guardian(s) in the military?** Yes No 22. **Branch?** _____ 23. Active Reserve

24. **Parent(s)/guardian(s) is a 4-H Alumni?** Yes No. **If yes, name(s) of parent(s)/guardian(s)** _____

25. **Member of a military club?** Yes No



Virginia Cooperative Extension

Virginia Tech • Virginia State University

4-H One Time/Occasional Volunteer
Application/Enrollment
Short Form VA-114S



Publication 388-004 - Revised 2017

CHECK ONE OF THE FOLLOWING: One time Occasional Donor

Approximate # Hours/Days Volunteering ____/____

1. **Name:** _____
LAST FIRST MI

2. **Address:** _____
RFD AND BOX NUMBER AND/OR STREET

3. _____
CITY OR TOWN STATE ZIP

4. **Phone:** _____ **E-mail:** _____

Items 5-9 for record keeping purposes:

5. **Gender:** _____ 8. **Race (check all that apply):** 9. **I Live (check one):**
6. **Age (check one):** American Indian/Alaskan Native a. On a farm
 <18 Asian b. Rural area or town under 10,000
 18-64 Black/African American c. Town or city of 10,000 to 50,000
 65+ Native Hawaiian or other d. Suburb or city over 50,000
 Pacific Islander e. City over 50,000
 White
7. **Ethnicity (check one):**
 Hispanic/Latino
 Not Hispanic/Latino

10. ___ years served as volunteer leader 11. Check here if you are a teen volunteer:

12. **4-H Alumni:** Yes No 13. **Work call:** Yes No

14. **4-H All-Star:** Yes No 15. **Name of Project (if applicable)** _____

16. **I am a member of the 4-H Leader Association:** Yes No Please send information

17. **Name of club (if applicable):** _____

18. Media Release Statement: The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CAL S) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

PLEASE INITIAL: _____ Yes _____ No

19. 4-H Volunteer Agreement: I am volunteering my time to further the educational purposes of Virginia Cooperative Extension (VCE). I agree to abide by all policies and procedures of VCE. I understand that VCE programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status or any other basis protected by the law. An equal opportunity/affirmative action employer. I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

Signature _____

www.ext.vt.edu

*18 USC 707

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