

McLean County 4-H Ambassador Application

Please complete this application and return to McLean County Extension Office by September 1. Address: 712 5th Ave, Box 1108 Courthouse, Washburn, ND 58577.

Today's date _____

General Information:

Full Name _____

Date of Birth _____ Age _____ Gender _____ Male _____ Female

Complete Home Address _____
Street Box City State Zip

Phone Number _____ Email _____

Parent (or guardian) name(s) _____

Parent (or guardian) address _____
Street Box City State Zip

County _____ Years in 4-H _____ Years in School _____

High School attended _____

Leadership Experience:

Summarize your leadership responsibilities and/or positions within 4-H.

What leadership responsibilities and/or positions have you had in your school or community?

As you reflect on your 4-H experiences, what are you most proud of? Why?

Personal Statements:

Describe what you see as the role of County Ambassador, and tell how you would fit into that role.

In the space provided, briefly state why you would like to be a McLean County 4-H Ambassador?

Name (printed) _____

I have personally prepared this application. To the best of my knowledge, this information is truthful and accurate. If selected, I am willing to accept the responsibilities and duties of a McLean County 4-H Ambassador.

Date _____ Signature _____

I am aware of the commitment and responsibilities that my child may encounter as being a McLean County Ambassador. I support my child.

Date _____ Parents Signature _____

McLean County 4-H Ambassador Agreement

Name _____ Club _____

I agree to participate and promote 4-H in McLean County at both club and county events, community service projects and any other ways that the ambassadors decide that 4-H should be promoted, along with their advisor.

I understand that I am making a commitment to 4-H and am going to take this responsibility very seriously. I have thought carefully about what I want to accomplish.

The McLean County Extension office agrees to help me as needed and help provide written resources, time with extension staff, or help to provide direction in my program.

Please sign and date this copy and return it with your County Ambassador Application to the extension office.

Signed _____ Signed _____
4-H Ambassador Applicant Extension Staff

Date _____ Date _____