

MARQUETTE COUNTY 4-H AMBASSADOR APPLICATION

Name: _____ Age: _____

Address: _____

City/Zip Code: _____

Year in school: _____ Years in 4-H: _____ Years as a Youth Leader: _____

4-H
Club: _____

Briefly explain your club involvement.

Briefly explain your county involvement.

Briefly explain your involvement in activities other than 4-H.

Briefly explain why you would like to serve as a 4-H Ambassador.

Briefly explain your outstanding project(s) and any club offices you have held.

4-H Member's Agreement: I have read the duties of the 4-H Ambassador and agree to fulfill those duties if I am selected as a Marquette County 4-H Ambassador.

(4-H Member Signature)

Parent's Agreement: I have read the duties of the 4-H Ambassador and agree to support _____ if he/she is chosen to represent Marquette County 4-H.

(Parent/Guardian Signature)

Recommendation from General Leader:

(General Leader's Signature)

RETURN TO THE EXTENSION OFFICE BY SEPTEMBER 1ST.