

KINGMAN COUNTY

4-H Ambassador Application

(Please return to the local Extension Office or an Ambassador Advisor)

APPLICANT INFORMATION						
Full Name:		DOB:	/_ _{MM}	/ DD	YYYY	
Street Address:		4-H Age:_ Age as		1, of current	year.	
City:	State:	Zip Code:				
Phone:	Email:	Email:				
4-H Club:						
Please CIRCLE the appropriate answer to the que	stions listed below.					
Have you been in 4-H for at least two years? If yes, how many years?		YES	NO			
Are you currently in High School? What year in school:		YES	NO			
Do you have parental permission to participate?		YES	NO			
ΙΕΔΓ	DERSHIP EXPERIENCE					
Use the space provided to			H.			

4-H PROMOTION				
Use the space provided to list two areas we should fo	ocus on to promote 4-H in our communities. Why?			
OUR PUI				
The responsibility of the Ambassador Team is to promot				
and personal appearances, organize 4-H promotional				
promote Kingman County 4-H events and K-State Resear				
and attend Ambassador meetings to discuss future events. Please consider this before signing and returning this application.				
аррпса	uon.			
SIGNAT	URES			
By signing this application, I	have personally prepared this application and			
believe it to be true.				
4-H'er signature:	Date:			
Daniel /Cuandian	Data			
Parent/Guardian:	Date:			
Club Leader:	Date			
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