

KINGMAN COUNTY

4-H Ambassador Application

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

APPLICANT INFORMATION						
Full Name:		DOB:	/	/		
Turi Name.		БОБ	/ MM	DD	YYYY	
		4.11.4~~				
Street Address:		4-H Age:_ Age as o		, of current yea	– r.	
City:	State:	Zip Code	:			
Phone:	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?		YES	NO			
Are you willing to serve two years as an ambassac	dor?	YES	NO			
Are you currently in High School?		YES	NO			
What year in school:						
Do you have parental permission to participate?		YES	NO			
15	ADERSHIP EXPERIENCE					
Use the space provided to list your leadership role or activities in 4-H.						
(Example: committee chairman, officer, participation, etc)						

4-H PROMOTION			
Use the space provided to list two areas we	e should focus on to promote 4-H in our communities. Why?		
OUR PURPOSE			
The responsibility of the Ambassador Team is to promote 4-H to all students, tell the 4-H story through media and			
personal appearances, organize 4-H promotional events and activities, develop communication skills, promote			
	ch and Extension, network with non 4-H organizations and attend		
	Please consider this before signing and returning this application.		
g	6h		
	SIGNATURES		
	SIGNATURES		
By signing this application, I	have personally prepared this application and believe it to		
be true.			
4-H'er signature:	Date:		
Parent/Guardian:	Date:		
Club Leader:	Date		
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