Johnson County 4-H Ambassador

Renewal Form - Ambassador Application

Name _____ 4-H Age _____ Phone _____

Email _____ Parent Email_____

Number of Ambassador meetings held during previous year _____.

Number of meetings attended _____.

I've attended the State 4-H Ambassador Training – Yes ____ No ____

If no, I realize this is a requirement and will attend this year (initials) _____

Rate yourself 1 (needed improvement) to 5 (excellent) regarding your involvement in the Johnson County 4-H Program, specifically as a 4-H Ambassador.

Participation during meeting and activities 1 ___ 2___ 3___ 4___ 5___

Completion of assigned activities 1___ 2___ 3___ 4___ 5___

Came to meetings and activities with work completed 1___ 2___ 3___ 4___ 5___

Followed instructions 1___ 2___ 3___ 4___ 5___

Worked well as a group, involving all team members 1___ 2___ 3___4___ 5___

When necessary to miss a meeting or activity, notified Advisor and ask for information from meeting 1 ___ 2___ 3___ 4___5___

Advisor Use

1 ___ 2___ 3___ 4___ 5___

1 ___ 2___ 3___ 4___ 5___

1 ___ 2___ 3___ 4___ 5___

1 ___ 2___ 3___ 4___ 5___

1 ___ 2___ 3___ 4___ 5___

1 ___ 2___ 3___ 4___ 5___

Would Recommend ___

Wouldn't Recommend ___

(provide written justification)

Please answer the following questions.

1. What three activities would you be willing to do to help promote 4-H?

2. The leadership skills I have developed most through the Ambassador program are?

3. I want to continue another year because…

4. My time commitment to another year of my term might be limited by …

5. Activities I would be willing to chair include…

I've read, understand, and will abide by the qualifications and requirements of being a Johnson County 4-H Ambassador, as stated in Johnson County 4-H Ambassador Position Description.

Member Signature: _____Date: _____

Parent/Guardian Signature: _____Date: _____

Ambassador Advisor Signature: _____Date: _____

Please complete this application and turn in to the Extension Office by November 1.

Office Use

Date Received: _____

APPLICATION

_____ Approved Date

_____Declined Date

Reviewed by: (Initials) _____

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