

# Johnson County 4-H Ambassador

## 2024 Renewal Form - Ambassador Application

Name: \_\_\_\_\_ 4-H Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Parent Name/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/Agent and asked for information from meeting: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_

**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...

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 ___	
1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Would Recommend ___	
Wouldn't Recommend ___	
(provide written justification)	

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.***

<p><b>Office Use</b></p> <p>Date Received: _____</p> <p>APPLICATION</p> <p>_____ Approved Date</p> <p>_____ Declined Date</p> <p>Reviewed by: (Initials) _____</p>
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