

Johnson County 4-H Ambassador

2027 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: _____

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 meetings 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...

3. I want to continue another year because...

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)

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 the Johnson County 4-H Ambassador Position Description.

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Ambassador Advisor Signature: _____ Date: _____

Please complete this application and turn it in to the Extension Office by September 10, 2026.

Office Use

Date Received: _____

APPLICATION

_____ Approved Date

_____ Declined Date

Reviewed by: (Initials) _____

