



Independent 4-H'er Agreement

4-H'er information:

Name: _____

Address: _____

E-mail: _____ Phone: _____

Cell Phone: _____

Best way to contact you (circle all that apply): Home Phone Text Cell Phone E-mail Mail

Advisor information:

Name: _____

Address: _____

E-mail: _____ Phone: _____

Cell Phone: _____

Best way to contact you (circle all that apply): Home Phone Text Cell Phone E-mail Mail

We work will work together to meet the requirements of the Jackson County Independent 4-H program. As a 4-H youth, I will work with my adult mentor, who will guide and support me in my project work. Having completed the official Iowa 4-H Volunteer Screening Process, my mentor is recognized by Iowa 4-H as a volunteer in good standing, and has agreed to assume the responsibilities outlined of 4-H mentorship. I will strive to develop my skills in leadership, citizenship, communications, personal life management and knowledge through project work. Abide by all county, state and national 4-H policies and recognize the authority of Extension staff to establish and enforce rules and policies. As a 4-H adult, I will offer support and guidance to the youth and assist them in completing the required elements of the Jackson County Independent 4-H'er agreement.

Youth Signature: _____

Mentor Signature: _____



Independent 4-H'er Record Form

Required Elements

Meet with Extension Staff prior to beginning the 4-H Year

Date Completed: _____

Extension Staff Initial: _____

November Advisor Check In:

Date Completed: _____

December Advisor Check In:

Date Completed: _____

January Advisor Check In:

Date Completed: _____

February Advisor Check In:

Date Completed: _____

March Advisor Check In:

Date Completed: _____

April Advisor Check In:

Date Completed: _____

May Advisor Check In:

Date Completed: _____

June Advisor Check In:

Date Completed: _____

July Advisor Check In:

Date Completed: _____

Work a Shift in the 4-H Food Stand

Date Completed: _____

Advisor Initial: _____

August Advisor Check In:

Date Completed: _____

September Advisor Check In:

Date Completed: _____

October Advisor Check In:

Date Completed: _____

Record Book Returned to Advisor

Date Completed: _____

Advisor Initial: _____

Independent 4-H'er Record Forms Returned to Extension Office

Date Completed: _____

Extension Staff Initial: _____



Independent 4-H'er Record Form

Must complete three of the following:

Complete a citizenship project

Date Completed: _____

Advisor Initial: _____

Name of Project: _____

Project Details: _____

Give a presentation at a 4-H meeting

Date Completed: _____

Leader Signature: _____

Name of Presentation: _____

Volunteer at a County Activity

Date Completed: _____

Extension Staff Initial: _____

Name of Activity: _____

Help a Younger 4-H'er prepare an exhibit for the Fair

Date Completed: _____

Advisor Initial: _____

4-H'er Name: _____

Project Details: _____

Present a county project workshop

Date Completed: _____

Advisor Initial: _____

Name of Project: _____

Project Details: _____

Another idea as approved by your advisor and the CEO

Date Completed: _____

Advisor Initial: _____

Name of Project: _____

Project Details: _____
