YOUTH COUNCIL APPLICATION

Please return to the Extension Office by October 1.

Name__________________________________________________ Grade _____ Years in 4-H______

Address________________________________________________________________________ Club__________________________________________

Telephone ___________________________ Cell Phone ________________________________

E-mail __________________________________________________________________________

Reference - Name of a 4-H leader (not related to you) ______________________________

Are you interested in serving on the Youth Action Committee? ____________

Youth Action Committee (commonly known as YAC) is the program development committee that works on programming and policies related to our county 4-H program. Even more familiar, they plan the volleyball tournament, Mardi Gras and County Convention.

4-H YOUTH COUNCIL REQUIREMENTS

1. Currently enrolled in the 10th, 11th or 12th grade.
2. Plan to remain actively involved with local club.
3. Participate in an interview with Extension Staff/Youth Action Committee.

4-H YOUTH COUNCIL MEMBERS ARE EXPECTED TO:

✓ Represent Cass County youth in a mature, respectable manner.
✓ Be responsible and accountable for your own actions. Be where your peers are expecting you to be and be helpful when you are there. (Bring a calendar of your other obligations every time we meet, so we can plan accordingly) You’re a role model!
✓ Treat fellow council members and leaders with respect.
✓ Participate in 4-H Youth Council meetings and activities. If you have a conflict, notify the county youth coordinator or the Extension Office in advance by phone to 712-243-1132 or by e-mail at irlbeth@iastate.edu.
✓ If you volunteer for a duty and cannot perform that duty, YOU are responsible for finding a replacement.
✓ Have Fun!!

(Over)
1. Briefly explain why you would like to be a 4-H Youth Council member.

2. What qualities do you have that would make you a good County Council member?

I have read, understand and agree to the requirements.

Prospective 4-H Youth Council Member Signature

________________________________________

Parent’s Signature

Please return application by October 1 to:

Cass County Extension
805 West 10th Street
Atlantic, IA 50022