

2018-2019

## Poweshiek County 4-H Council Application

*Return to Extension office by October 3<sup>rd</sup>, 2018*

Name: \_\_\_\_\_ Club: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthday: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_

*Note: An email address is required if you are chosen to be on the council this year. If you do not have one upon induction night, Sam will work with you to set one up.*

### Questionnaire

Please answer the following questions on a separate sheet of paper.

1. Please describe your 4-H story. Briefly share your participation, involvement, and some project areas you have enjoyed.
2. Summarize some of your leadership roles. This can include in your club, school, community, church, etc.
3. What do you feel is the role of the County Council?
4. Why do you want to be a member of the Poweshiek County Council? What do you feel you can add to the group?

### Council Expectations

As a member of the Poweshiek County Council, you agree to the following expectations/guidelines:

- Represent Poweshiek County 4-H in a mature, respectable manner
- Attend monthly council meetings (unless absence is excusable and given in advance)
- Assist with County Council sponsored activities
- Promote 4-H programs and events in the community
- Provide ideas and suggestions for the 4-H program and other events
- Participate in a County Council group service project
- Be a representative and spokesperson between local clubs and the extension office
- Develop and expand your leadership and communication skills

- Treat all people with respect (peers, community members, 4-H'ers, etc.)
- Follow the 4-H code of conduct at all times
- Communicate with extension staff, leaders, and other council members as needed

*Being a member of the Poweshiek County Council is an honor and a privilege. Failure to meet the responsibilities and expectations of this position may result in your removal from the council.*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Return to Extension office by October 3<sup>rd</sup>, 2018*

*Office: 114 S. Third St. Montezuma, IA 50171*

*Email: samasper@iastate.edu*