

Return your application to your local RVD Extension Office by Tuesday, September 1st.

Name:				
Date of Birth:		Year in School (2	020-2021):	
Parent/Guardian Name(s): _				
Complete Home Address:	(Street Address)	(City)	(State)	(Zip)
Applicant's E-mail Address:				
Applicant's Cell Phone #:				
Name of 4-H Club:		N	umber of Years	s in 4-H:
Explain why you would like As a 4-H Ambassador, how there any current activities.	v will you promote 4	- 4-H? What ideas do	you have to p	
List and describe your lead	lership experience	in 4-H.		

List and describe your 4-H public speaking experience	ces.
Please describe your ability to work with others and	handle responsibility.
What has been your most rewarding 4-H experience a	and why?
Ambassadors are frequently asked to speak on beha advertisement on why a child should join 4-H.	lf of 4-H. Write a 30 second radio
Statement by 4-H Member: I have personally prepared this application and believe it	to he true
Thave personally prepared this application and believe it	to be true.
4-H Member Signature	Date
Parent/Guardian Signature	Date

K-State Research and Extension is committed to providing equal opportunity for participation in all programs, services and activities. Accommodations for persons with disabilities may be requested by contacting the event contact (Monica Thayer two weeks prior to the start of the event (September 1st, 2020) at (785-527-5084 or mthayer@ksu.edu). Requests received after this date will be honored when it is feasible to do so.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service K-State Research and Extension is an equal opportunity provider and employer.