

Ambassador Application

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

Name:				
Date of Birth:	Year in School:			
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	<i>ı</i> will you promote 4	-H? What ideas do	you have to p	
List and describe your lead	dership experience i	n 4-H.		

List and describe your 4-H public speaking experi	iences.
Please describe your ability to work with others a	nd handle responsibility.
What has been your most rewarding 4-H experience	ce and why?
Ambassadors are frequently asked to speak on be advertisement on why a child should join 4-H.	ehalf of 4-H. Write a 30 second radio
Statement by 4-H Member: I have personally prepared this application and believe	e 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 (Macy Hynek) four weeks prior to the start of the event (September 1st at (785-527-5084 or mhynek@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.