

River Valley District 4-H Ambassador Renewal Application

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

Name:	
Parent/Guardian Name(s):	
Year in School :	Number of Years in 4-H:
Applicant's E-mail Address:	
Applicant's Cell Phone #:	Name of 4-H Club:
Please use the space pro	ovided, do not enclose additional pages.
year, and why? Is there a community event or opportunity	e most while being a 4-H Ambassador this previous
involved (or more involved) in during the	upcoming year.
What is something you could, personally	, improve upon as a 4-H Ambassador this year?

Name one time while being a 4-H Ambassador where things did not go as planned, and how you and/or others adapted to the situation?	
Statement by 4-H Member:	
I have personally prepared this application and bo	elieve it to be true.
	 Date
Parent/Guardian Signature	Date

Kansas State University is committed to making its services, activities and programs accessible to all participants. If you have special requirements due to a physical, vision, or hearing disability, contact Wade Reh, District Director, at 785-632-5335.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service

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