Logan County 4-H
Ambassador Application

Return this application and a letter of recommendation to your local extension office in the Golden Prairie District.

Ambassadors need to be interested in public speaking and making presentations in front of groups.

To qualify as a 4-H Ambassador, applicants must:
- be in the ninth grade or above
- have completed two or more years of 4-H
- agree to give one presentations on 4-H each year
- be interviewed by a selection panel to discuss your application
- have approval and written recommendation by an authorized adult*

*Adults authorized to provide approval and recommendations are: County Extension Agent; 4-H Program Assistant; County Volunteer Ambassador Coordinator, 4-H Leader, School Teacher. Parents are not authorized adults, even if your parent is your 4-H leader.

Name____________________________________________ Phone___________________________
Address___________________________________ City_____________________ Zip___________
Grade in school______________ Years in 4-H_____________ E-mail______________________
Projects__________________________________________________________________________

ON A SEPARATE PIECE OF PAPER, PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What leadership activities have you been involved in and what leadership positions have you held?

2. How do you think the 4-H Ambassador Program would benefit the Golden Prairie District 4-H Programs?

3. How has your participation in 4-H benefited you? Describe one or two of the most important ways?

4. Give a specific example of how your 4-H membership has benefited you.

5. List interests and talents, for example, photography, music, play an instrument, outdoor activities.

6. One of the expectations of becoming an ambassador is to make a commitment of time to carry out the 4-H Ambassador role including attending many 4-H events and giving presentations. How are you willing to make this commitment?

__________________________________________ __________________________
Signature of Applicant Date

__________________________________________ __________________________
Signature of Parent/Guardian Date
I have read and approve of this application, and I have attached my letter of recommendation.

__________________________________________  ____________________________
Signature of Authorized Adult                              Date

__________________________________________
Title of Authorized Adult

Return this application and a letter of recommendation by Thursday, November 21, 2019.

Golden Prairie Extension District, Oakley Office
710 W. 2nd St.
Oakley, KS 67748
785-671-3245
gracietyler@ksu.edu