

# 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 \_\_\_\_\_

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**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*

(over)

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  
Friday, December 11, 2020.**

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