

Ravalli County 4-H Ambassador Application

Due May 1 to the MSU/Ravalli County Extension Office



Name: _____

Birth date: _____ 4-H Age: (must 4-H 14+ to be considered) _____

Address: _____ City, Zip: _____

Cell phone: _____ High School: _____

Parent/Guardian: _____ Home phone: _____

Grade: _____ GPA: (must be 2.5+ to be considered) _____

Why do you want to be a Ravalli County 4-H Ambassador?

List Major 4-H projects and activities:

List 4-H leadership, awards and accomplishments:

Provide leadership abilities: example may include record keeping, demonstrations, camp counselor, assistant with workshops, officer positions, etc.

By signing my name below, I certify the information listed in this application is correct to be best of my knowledge. As the parent/guardian, I will support my child in this position. As the youth, I have read the [Montana 4-H Ambassador Handbook](#), understand this position is two years and will provide leadership to Ravalli County 4-H through the Teen Council program.

Applicant's signature

Date

Parent/guardian signature

Date