

**Meadowlark District 4-H Ambassador
Second Year of Term - Ambassador Application**

Office Use

Date Received: _____

 APPLICATION
 ___ Approved
 Date: _____
 ___ Declined
 Date: _____
 Reviewed by:
 (Initials) _____

Name _____ 4-H Age _____

Your Cell Phone _____ Your Email _____

Number of Ambassador meetings held during previous year _____.

Number of meetings attended _____.

I've attended the State 4-H Ambassador Training – Yes ___ No ___

If no, I realize this is a requirement and will attend this year (*initials*) _____

Rate yourself 1 (needed improvement) to 5 (excellent) regarding your involvement in the Meadowlark District 4-H Program, specifically as a 4-H Ambassador.

Participation during meeting and activities 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

Completion of assigned activities 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

Came to meetings and activities with work completed 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

Followed instructions 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

Worked well as a group, involving all team members 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

When necessary to miss a meeting or activity, notified Advisor and ask for information from meeting 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

Advisor Use

1 ___ 2 ___ 3 ___ 4 ___ 5 ___

1 ___ 2 ___ 3 ___ 4 ___ 5 ___

1 ___ 2 ___ 3 ___ 4 ___ 5 ___

1 ___ 2 ___ 3 ___ 4 ___ 5 ___

1 ___ 2 ___ 3 ___ 4 ___ 5 ___

1 ___ 2 ___ 3 ___ 4 ___ 5 ___

Would Recommend _____

Wouldn't Recommend _____
 (*provide written justification*)

Please submit on a separate sheet the answers to the following questions.

1. My favorite Ambassador activity was.....
2. The leadership skills I have developed most through the Ambassador program are...
3. I want to continue the second year of my term because.....
4. My time commitment to the second year of my term might be limited by
5. Activities I would be willing to chair include.....

I've read, understand and will abide by the qualifications and requirements of being a Meadowlark District 4-H Ambassador, as stated in Meadowlark District Policy and Meadowlark 4-H Ambassador Position Description.

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Ambassador Advisor Signature: _____ Date: _____

Please complete this application and turn in to the Extension Office by October 1st