South Carolina 4-H Youth Development Program
State 4-H Teen Council – Assistant Advisor Application

Name_______________________________________ Region ____________________
Street_____________________________________ Town ______________________
State ____________ Zip ____________ County ________________________________
Home Phone ________________________ Cell Phone __________________________
Email _________________________________ Shirt Size ____________

Years involved in the 4-H Program ______
Describe your experience working with teens.

What specific skills can you contribute?

Why are you interested in working with Council?

I understand the purpose, expectations and responsibilities of a State 4-H Teen Council Assistant Advisor and agree to fulfill those responsibilities if selected to serve.

Signature _______________________________ Date ______________

Send application and resume by June 15th to:
State 4-H Events Coordinator, 210 Barre Hall, Clemson, SC 29634-0108.