South Carolina 4-H Youth Development Program

State 4-H Teen Council Application

Name__________________________________ Region __________________________

Street__________________________________ Town __________________________

State __________ Zip __________ County _________________________________

Home Phone _____________________________ Cell Phone ______________________

Email ____________________________________________ Shirt Size __________

Date of Birth __________________ Age _____________ Entering Grade __________

Year(s) participating in:

_____ 4-H Project Work    _____ 4-H Junior Leadership    _____ 4-H Senior Leadership

_____ 4-H Ambassadors    _____ State 4-H Congress

I am interested in the following position:

_____ Regional Representative    _____ Legislative Liaison    _____ Public Relations Coordinator

_____ Secretary    _____ Vice President    _____ President

The State 4-H Teen Council serves as the leadership team that plans, organizes and implements statewide teen initiatives and events. I will be an effective member of this leadership team because:

I understand the purpose, expectations and responsibilities of a State 4-H Teen Council Member 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 [fax: 864-656-7595].

Revised 4/09