

WASHINGTON STATE 4-H ADVISORY BOARD

Adult Nominee Application and Statement (rev 10/20/16)

Return by September 1 to:

County

Date

County 4-H Council President's Signature

County 4-H Agent/Program Assistant Signature

Position applying for: (circle one)

Northwest

Southwest

Northeast

Southeast

Name: _____

Address: _____

City: _____ Zip: _____ Phones: _____

Email: _____

Number of years as a 4-H volunteer: _____ Where? _____

(Please limit remarks to this side of page only.)

Jobs performed for County 4-H Council: _____

Other 4-H jobs held: _____

Why do you want to be a member of the State 4-H Advisory Board? _____

What do you hope to contribute or achieve as an Advisory Board member? _____

Other comments: _____