



# Idaho 4-H Teen Event Steering Committee Youth Application

*(Please complete and submit to your local county 4-H professional, then send to mknutz@uidaho.edu)*

**Name of Event:** please indicate which committee you wish to apply for

\_\_\_ Idaho 4-H LEADSummit

\_\_\_ STAC Steering Committee

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

**Please answer the following questions:** please circle your response

1. Are you currently an Idaho 4-H member in good standing? YES NO

2. Why are you interested in this opportunity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you served previously on a 4-H, school, church or civic committee? YES NO

(If yes, please describe your experiences in the chart provided on the back of this form.)

4. Are you willing to meet committee responsibilities that include, but are not limited to:

a. Completing any necessary training? YES NO

b. Committing the time and travel needed to meet with the committee? YES NO

c. Completing tasks asked of committee members? YES NO

d. Collaborating with and supporting other volunteers, teens, and/or 4-H professional staff on the committee? YES NO

e. Completing any UI requirements? YES NO

5. Parent's Permission

I support my son/daughter's interest to serve on this committee. YES NO

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

*(This section to be completed by County 4-H Professional)*

I support this youth's interest to serve on this committee. YES NO

Signature of 4-H Professional: \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Name of Committee	County, District, State or National	Currently serving: Y or N	Start year – Completion year (If not currently serving.)	Brief description
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				