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Please Print First Name: Last Name:		Gender:				
Mailing Address:						
State:	Zip:	_	Home Phone #: _			—
Work Phone #:		E-mail address:				
Leader: (circle one)	Organizational	Project	Activity F	Resource	Specia	al
Ethnicity: (circle one) Indian/Alaskan	Caucasian African	American	Oriental/	'Asian	Hispanic	
<ul><li>#1. I agree to conduct a</li><li>SIX (6) project club meet</li></ul>		#2. I w	ill teach the follow	ving informa	ation:	
lessons for 4-H age yout	h to teach	Lesson	1:			
them the following proje	ect:	Lesson	2:			
		Lesson	3:			
			4:			
			5:			
			6:			
		Additio	nal Lessons:			
#3 . Item(s) to be display	ed is:					
#4. I Volunteer as a 4-H	Leader form (Beginning	g date) /	/ until the	30 day of S	Sept	
#5. I agree to have up to	o memb	ers in my club ar	nd need to know w	vho by:	/ /	<u>.</u>
#6. If more youth are in Yes No	terested in learning the	skills I teach, I w	vould be willing to	do another	r sessions?	
#7. Could you refer some	eone else to teach anot	her session of th	is project?			
Yes No	Name:		F	hone #		
#8. I understand 4-H Rec						
Give a demonstration at a project club lesson/meeting						
Attend a majority of lessons/meetings held (minimum 6)		□Have a completed enrollment form on file at the 4-H Office				
<ul><li>Complete an item(s) for public display</li><li>Complete a record sheet and project packet for public display</li></ul>						
	et and project packet it	or public display		ance		
Leader Signature:			Date:	/	/	
4-H Personnel Signature			Date:	/	/	

To enrich education through diversity, the University of Idaho is an equal opportunity/affirmative action employer and educational institution. University of Idaho, U.S. Department of Agriculture, and Caribou County cooperating.

In compliance with the Americans with Disabilities Act of 1990, those requesting reasonable accommodations need to contact the Caribou County Extension Office, 53 East 1<sup>st</sup>. South, Soda Springs, Idaho 83276 or (208) 547-3205, at least five (5) business days prior to the event.