



# 4-H YOUTH DEVELOPMENT EDUCATOR TRANSFER OF APPOINTMENT AS AGENT

Revised April 2012

The purpose of this document is to transfer the authority for oversight of all 4-H clubs and chartered groups from the vacancy of the past educator to the newly hired 4-H Youth Development Educator. **This is a legal document.**

- Complete this required form and submit to the 4-H Youth Development Program Director **within the first month of employment** of the new 4-H Youth Development Educator.
- The completed form must be filed in a secure location in the UW-Extension Office. A copy is to be uploaded to the County/Organization Documents Library on the 4-H Clubs and Groups Data Collection SharePoint website. <https://workspaces.ces.uwex.edu/sites/4hdata/default.aspx>
- Update the 4-H Clubs and Groups Data Collection SharePoint website with the new contact information. *Appendix A* on this site includes full listing of all 4-H Clubs and Groups for which this 4-H Youth Development Educator provides oversight.

1. The 4-H Clubs, Groups, and Committees listed in that attached 4-H Clubs and Groups Data Collection SharePoint website Appendix A, herein referred to as the "Associations," are organized as Unincorporated Nonprofit Associations under Ch. 184 of the Wisconsin Statutes in

\_\_\_\_\_ County  
**Name of the County** in which the 4-H Group or Committee is located

2. All the Associations have their mailing and business address at the **County UW-Extension Office**, located at:

Street Address:		
City:	State: <b>WI</b>	Zip Code:

3. All the Associations have previously authorized the undersigned, the **outgoing 4-H Youth Development Educator**, to act as their agent. By signing below, the outgoing 4-H Youth Development Educator agrees only to act as an agent for the Associations while employed as a 4-H Youth Development Educator by the UW-Extension.

Signature:	Printed Name:	Date:
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4. In the event of a vacancy or leave of absence, all the Associations authorize all the undersigned individuals, the **current 4-H Youth Development Program Area Liaison**, and/or the **current County Cooperative Extension Department Head**, other appropriate University of Wisconsin-Extension, Cooperative Extension employee to temporarily act as their agent. By signing below, the undersigned individuals agree to oversee the Associations and to act as their agent, until a new **4-H Youth Development Educator** can be appointed.

Signature of Department Head:	Printed Name of Department Head:	Date:
Signature of Liaison:	Printed Name of Liaison:	Date:
Other Signature (optional):	Other Printed Name (optional):	Date:

5. All the Associations authorize the undersigned, the **incoming 4-H Youth Development Educator**, to act as their agent, who by signing below agrees to oversee the Associations and to act as their agent.

Signature:	Printed Name:	Date:
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