



WISCONSIN STATE 4-H YOUTH LEADER COUNCIL APPLICATION

Please type or print in black ink

Revised June 2004

Name: _____ County: _____

Address: _____

City: _____ Zip: _____

Telephone: _____ Email: _____

Year Currently in School: _____

Please list leadership positions held in 4-H, school, and community.

Why do you wish to serve on the Wisconsin State 4-H Youth Leader Council?

(over)

What makes you a good candidate for the Wisconsin State 4-H Youth Leader Council?

How would you use the Wisconsin State 4-H Youth Leader Council experience to contribute to your club and county?

Applicant's Signature: _____ Date: _____

Please return this application to Sue Pleskac, 4-H Volunteer Leadership Specialist, 431 Lowell Hall, 610 Langdon St., Madison, WI 53703 by **September 1**.

County 4-H Youth Staff Reference (to be mailed separately from the application.):

Please review the information sheet on the Wisconsin State 4-H Youth Council. Please comment on this candidate's strengths and limitations for this role.

Do you recommend this candidate for the Wisconsin State 4-H Youth Council? _____

Staff Signature: _____ Date: _____

Please return this application to Sue Pleskac, 4-H Volunteer Leadership Specialist, 431 Lowell Hall, 610 Langdon St., Madison, WI 53703 by **September 1**.



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