

# EXAMPLE

County Brentwood

## YOUTH CONTRIBUTIONS TO THEIR COMMUNITIES

Your name Mary Club Total number of leaders 2

Name of group Brentwood's Best Total number of members 17

Type of group:  4-H club  other, specify \_\_\_\_\_

Include all service projects involved in during the year, September 1995-August 1996

Name of Service Project	Project Purpose/Description	Number youth involved (age)			Frequency of activity *
		8&under	9-13	14-18 Total	
1. Adopt-a-nursing Home	regularly visit nursing home to establish ongoing relationship with sick person	10		10	1 visit every 2 weeks
2. Hospital bird feeders	build 10 bird feeders and place around local hospital	5	5	10	once - 1 meeting to build feeders + 1 meeting to setup
3. Rabies clinic	bring health officials, vets and community together to learn about rabies		Club	17	Annual
4. Recycling	manage recycling center for 1 month each year (4 Saturdays); separate materials and load	10	5	17	4 Saturdays
5.					
6.					

ADDITIONAL SPACE PROVIDED ON REVERSE

\* Indicate how often this activity occurs during the year: one time, weekly, monthly, bi-monthly, every 3 months, annually, etc.

County \_\_\_\_\_

**YOUTH CONTRIBUTIONS TO THEIR COMMUNITIES**

Your name \_\_\_\_\_  
 Total number of leaders \_\_\_\_\_  
 Name of group \_\_\_\_\_  
 Total number of members \_\_\_\_\_

Type of group:  4-H club  other, specify \_\_\_\_\_

Include all service projects involved in during the year, September 1995-August 1996

Name of Service Project	Project Purpose/Description	Number youth involved (age)			Frequency of activity *
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1.					
2.					
3.					
4.					
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County \_\_\_\_\_

County youth Extension programs have and continue to serve their communities in many ways. Please offer your thoughts on the following two questions:

1. What are your reasons for doing these projects/activities?

2. What do you see as the benefits for youth and for communities from these activities?

Benefits for youth:

Benefits for communities:

Please list 3 members of this group that we might contact if further information is needed

NAME

Phone number

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

THANK YOU SO MUCH. Your input will help our total state youth development effort