



Larimer County 4-H Program
 Key Leader and Assistant Leader Application

Name: _____ Email address: _____

Address: _____

Telephone number: (home) _____ (cell) _____

Which position are you applying for? Key Leader Assistant Leader (please circle one)

What is your experience with 4-H? 4-H Member Leader Both (please circle one)

If you are a leader, how many years have you been a 4-H Leader? _____ years

Which project(s) are you interested in volunteering for? _____

Do you feel comfortable contacting clinicians, providing them with the necessary materials for 4-H requirements and scheduling with them and the other Leaders for workshops? _____

Are you comfortable answering questions from members and parents and assisting them in your designated area? _____

In this position, you will likely hear ideas, suggestions and complaints about the program. How would you handle these? _____

Can you commit to this program the amount of time a Key Leader position requires? _____

Signature: _____ Date: _____