



New Ambassador Application Crow Wing County

County/Tribe: _____

Name: _____ Grade: _____ (minimum 6th grade)

Best Phone Number to reach you: _____ Text? _____

Email Address: _____ (must have email and check this at least weekly)

Why do you want to be a 4-H Ambassador? What goals do you have for yourself?

In your own words, what do you think it means to be a leader?

What special training, skills, or experience do you have that might assist you in being a successful Ambassador?

What leadership experiences have you had in the 4-H program and/or in other organizations or groups?

Give examples of one or two experiences where you have led activities that would prepare you for the position of 4-H Ambassador.

I understand that being selected as a CWC 4-H Ambassador is an honor and I commit to better the 4-H Program. I agree to accept the responsibility that goes with becoming an Ambassador and agree to follow through on the duties abide by the Code of Conduct. I understand I can be asked to leave the ambassador program if I do not follow these expectations.

Signature _____

Date _____

Parent's signature if under 18 _____

Mail to the Crow Wing County Extension office at: Cassie Girling, 4-H Youth Extension Educator | Extension | 326 Laurel Street, Brainerd MN 56401

OR---Email to dr.susanmy.dnp@gmail.com