

# TEEN PROGRAMMING COMMITTEE OPPORTUNITY APPLICATION

*Please type or print clearly in black ink*

## PERSONAL DATA

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ SSN# \_\_\_\_\_ Current Grade \_\_\_\_\_  
(SSN# required for University Administration purposes)

Parents/ Guardian Name \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code Area Code

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

## 4-H AFFILIATION

Years involved in 4-H \_\_\_\_\_ Member \_\_\_\_\_ Alum \_\_\_\_\_ Volunteer \_\_\_\_\_ Partner \_\_\_\_\_ Staff \_\_\_\_\_

### 1. Opportunities you are applying for:

_____ National Congress	_____ National Conference
_____ National Dairy Conference	<u>  X  </u> Statewide Committee (specify) <b>TEEN PROGRAMMING COMMITTEE</b>
_____ National Computer Tech Conference	_____ Nat. Forestry Invitational
_____ Nat. Youth Direction Council	_____ Interstate Exchanges
_____ Western Regional Teen Leadership Conference.	
_____ Other (specify) _____	

## QUESTIONS

Please attach your responses on separate paper:

1. Why you are interested in this opportunity?

2. What personal strengths you possess that qualifies you for this opportunity?

3. What benefits do you expect to gain from participation in this opportunity?

4. Please describe other committee or team-related work in which you have participated? How have these past experiences prepared you for this opportunity?

**AGREEMENT**

As a condition of participating in this Washington State 4-H opportunity, the 4-H'er is aware of and agrees to the following terms and conditions:

1. Behave in a manner that positively reflects the integrity of your club, county, state, country, and global community.
2. Read, respect, and abide by the "Code of Conduct" and policies outlined by the event program.
3. Understand that violation of the "Code of Conduct" and/or policies will be grounds for forfeiture of privilege and associated award(s).
4. Understand that if forfeiture occurs, additional transportation and/ or administrative costs shall be borne by and be the responsibility of the participant and his/ her parent or guardian.
5. Understand that the participant or his/her parent or guardian shall be liable for damage to the property or facilities resulting from the acts of the participant, either solely or in concert with others.
6. Assume all risks normally associated with the event activities. Neither Washington State University Cooperative Extension 4-H nor its representatives shall be liable for any damage or injuries to the participant in the absence of gross negligence.
7. Consent to the use of this application form and photographs, slides, videotapes made in conjunction with the opportunity, for promotional and publicity purposes, and waive all claims for any compensation for such use or for damage.

As a recipient of this Washington State 4-H opportunity I agree to actively:

1. Promote 4-H partnerships within my community, district, and state.
2. Participate in fund-raising efforts that support the opportunity in which I am involved.
3. Promote the value and benefits of the 4-H program and this 4-H opportunity at local, district, and/ or state level(s)
- 4.

**STATEMENT BY 4-H APPLICANT**

I have prepared the **Washington State 4-H Application** and read the **Agreement**, believe it to be accurate, and will comply with the terms to the best of my ability.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_\_

**ENDORSEMENT OF APPLICATION**

I have reviewed the **Washington State 4-H Application** and read the **Agreement**, believe it to be accurate, and will support the terms to the best of my ability.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_\_

Signature of Sponsor/Leader \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_\_

Signature of County Agent/Staff \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_\_

You are encouraged to discuss your interest in this opportunity with your county office. Following this discussion, the County Agent/Program Assistant may describe the collaborative efforts you've made to identify County and individual expectations in regards to membership on this committee.