

# WASHINGTON 4-H EQUINE ADVISORY COMMITTEE APPLICATION

Due Date: April 1, 2009

## Application Information

County: \_\_\_\_\_

District: \_\_\_ NW     \_\_\_ SW     \_\_\_ NE     \_\_\_ SE

Name \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Daytime phone number (include area code): \_\_\_\_\_

Evening phone number (include area code): \_\_\_\_\_

Cell Phone (include area code): \_\_\_\_\_

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I am a (circle one): 4-H Volunteer                      4-H Teen

                    County 4-H Educator                      County 4-H Program Assistant

Please check areas in which you have interest and knowledge:

\_\_\_ Performance    \_\_\_ Western Games    \_\_\_ Driving    \_\_\_ Dressage  
\_\_\_ Hunters/Hunt Seat Equitation Over Fences    \_\_\_ Miniatures/Small Equines  
\_\_\_ Riding for Recreation    \_\_\_ Other \_\_\_\_\_

Experience in the 4-H Equine Program:

Service with other 4-H groups or committees:

☞ Why do you wish to serve on this committee?

☞ What do you hope to contribute to the State 4-H Equine Program?

☞ What is your philosophy on youth development?

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Signature below indicates that you are representing the Washington State 4-H Youth program and thus following all Washington State 4-H guidelines and policies.

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Signature of Applicant and Date

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Signature of Parent/Guardian if applicant is under 18 and Date

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**Signature and Date of County 4-H Staff or County Director:**  
*(Required for 4-H volunteer and 4-H teen)*

Once signed, the application must be sent to: Jennifer Leach, Interim 4-H State Equine Specialist, 1946 3<sup>rd</sup> Ave, Longview, WA 98632. E-mail: [jleach@wsu.edu](mailto:jleach@wsu.edu); Phone: 360.577.3014 EXT; Fax: 360.423.9986.