

WASHINGTON STATE 4-H ADVISORY BOARD

Adult Nominee Application and Statement

Return by September 1 to:

County

Date

County 4-H Council President's Signature

County 4-H Agent/Program Assistant Signature

Washington 4-H Council
State 4-H Office
WSU Puyallup
2606 W Pioneer
Puyallup, WA 98371-4998

Position applying for: (circle one)

East 1 2 3 4

South 1 2 3 4

West 1 2 3 4

Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____

Number of years as a 4-H volunteer: _____ Where? _____

(Please limit remarks to this side of page only.)

Jobs performed for County 4-H Council: _____

Other 4-H jobs held: _____

State your interest in becoming an Advisory Board member: _____

What do you hope to contribute or achieve as an Advisory Board member? _____

Other comments: _____