

# WASHINGTON STATE 4-H ADVISORY BOARD

## Teen Nominee Application

Return Application Form Postmarked by September 9th

Mail to:  
Jan Klein  
4-H Adolescent Leadership Specialist  
WSUE Sokane  
PO Box 1495  
Spokane, WA 99210-1495

\_\_\_\_\_  
Name

\_\_\_\_\_  
County

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state and zip code

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

rev.

08/11

\_\_\_\_\_  
Phone, both home and cell

**District (circle one):** Western Eastern Southern

**Number of years as a 4-H member:** \_\_\_\_\_ **Where?** \_\_\_\_\_

**Jobs performed for County 4-H Program:**  
\_\_\_\_\_  
\_\_\_\_\_

**Other 4-H jobs held:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you want to be a member of the State 4-H Advisory Board?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Briefly describe you experiences in leadership in other parts of you life (school, church, other organizations, etc.):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE TYPE OR PRINT CLEARLY**

**List and briefly describe three of your positive traits and abilities:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**ENDORSEMENT OF APPLICATION**

I have reviewed the State Advisory Board application and believe it to be accurate. This applicant has my endorsement and support in applying for this position.

\_\_\_\_\_  
Parent/Guardian Signature      Date      \_\_\_\_\_  
e

\_\_\_\_\_  
Sponsor/Leader Signature      \_\_\_\_\_  
Date

\_\_\_\_\_  
County Extension Educator/Staff Signature      Date

**COUNTY OFFICE COMMENTS / EXPECTATIONS**

To be completed by County Extension Educator/Staff noted above

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT:**

Jan Klein, 4-H Adolescent Leadership Specialist; WSUE Spokane; PO Box 1495; Spokane, WA 99210-1495  
Email [jklein@wsu.edu](mailto:jklein@wsu.edu)

For Office Use Only

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