4-H AMBASSADOR APPLICATION

WRIGHT COUNTY

Name ________________________________

Club ________________________________

Last Grade Completed ________________________________

Number of years in 4-H (including this year) ________________________________

1. Please list your responsibilities on the club level.

2. Please list the activities you have been active in on the county level (worked with, not participated in):

Returning Ambassadors need only notify the Extension Office of their intent by Oct. 1.
3. Please list the county-level activities you have participated in:

4. Why should we select you as a Wright County 4-H Ambassador?

5. Throughout the year you will learn a lot more about the county from other Ambassadors, please share an idea of how you might showcase your area (city, township, etc.) to teach the team about your area:
*Please give the names of two 4-H adults who could be called upon for a recommendation (other than your parent or guardian):

Name:  
Phone or Email:  

Name:  
Phone or Email:  

** I have read the “Wright County 4-H Ambassador Program Guidelines” and I agree to them. I understand that if I fail to meet the guidelines, I will forfeit my right to be a part of the Ambassador Program.

(4-H Member Signature)  (Date)

*** As a 4-H parent/guardian, I have read and understand the “Wright County 4-H Ambassador Program Guidelines,” and I support my son/daughter in applying. I will make sure they stay in good communication with the Extension Office.

(4-H Parent/Guardian Signature)  (Date)

Please fill out and return to: Wright County Extension Office
10 2nd Street NW, Room C107
Buffalo MN 55313

Or e-mail to: wright@umn.edu