



CORNELL COOPERATIVE EXTENSION ERIE COUNTY

4-H TEEN AMBASSADOR APPLICATION & COMMITMENT FORM

Please complete the following application and return it to the 4-H office no later than November 2nd. Late applications will not be accepted.

Note: Applicants must be at least 13 years old as of January 1st 2017 to be eligible.

Name:		DOB:	Age: <small>(as of 1/1/17)</small>
Address:		City:	State:
Home Phone: ()	Cell Phone: ()		Grade:
Email:			Yrs. In 4-H:
Have you applied to be a ECTA before: Y / N	If yes, were you selected? Y / N		

Erie County 4-H Teen Ambassador Application Process:	Time Line:
Application & Commitment Form Due in 4-H Office	November 2 nd
All Applications Reviewed	December 1 st
Notifications Made	By December 12 th
First 4-H Teen Ambassadors Meeting of the Year	January 29 th 2017

Please answer the following questions in the space provided below...
<p>Give a summary of your 4-H leadership experience:</p>
<p>Summarize your experience related to public speaking, demonstrations and other activities related to 4-H promotions:</p>

Why do you want to be an Erie County 4-H Teen Ambassador? (*Returning ECTA's*: What are your expectations for this program year? How will you grow?)

Please list some of your interests and hobbies:

Please rate yourself in each area below on a scale of one to five, with five being the highest...

	5	4	3	2	1	No Basis for Judgment
*Ability to work with others...						
a. Is considerate of other's opinions						
b. Is a team player and cooperates well						
c. Can communicate effectively						
*Leadership potential and administrative ability...						
a. Is able to motivate others						
b. Is able to handle sensitive or difficult situations						
*Emotional stability and maturity...						
a. Maturely receives direction and counsel						
b. Handles prolonged stress and high energy situations						
c. Adapts well to new situations and environments						
*Esteem in which applicant is held by peers...						
*Esteem in which applicant is held by adults or supervisors...						
*Can find creative solutions to problems in a short time...						
*Initiative and motivation...						
a. Self motivated; does more than asked						
b. Works well without constant supervision						
*Judgment...						
*Honesty...						

Recommendations...

With your application, you will also need to get at least one formal recommendation, using the *Erie County 4-H Teen Ambassador Recommendation Form*, from your current 4-H Club Leader. If your Club Leader happens to be your parent/guardian or a relative, please select another 4-H Club Leader, 4-H Program Committee Member or CCE EC Board Member to complete your recommendation. You may choose to submit additional recommendations from a person/people of your choosing. Note: recommendation forms are to be returned directly to the 4-H office (not back to the applicant). It is the responsibility of the applicant to verify that the recommendation(s) were in fact submitted by the November 2nd deadline. Late recommendations will not be accepted. Returning ECTA's do not need to submit additional recommendations.

Terms...

With my application to become an Erie County 4-H Teen Ambassador, I understand the duties and responsibilities and have discussed them with my parents/guardians and 4-H Club Leaders. I will have time to serve, and am willing to accept the responsibilities and duties of a 4-H Teen Ambassador, and will put 4-H as one of my top priorities.

I understand that not every person who applies to become an Erie County 4-H Teen Ambassador is selected. I also understand that if I am not selected this year, I am eligible to apply again next year. I agree not to question any decisions made by the selection committee.

Finally, I understand that most, if not all of the trips and activities that the 4-H Teen Ambassadors participate in are paid for through club fundraisers. I understand that if I fail to raise the funds necessary for my participation, I will be responsible for paying the difference if I wish to attend. Note: trips are not mandatory.

4-H Member Signature Date

Parent/Guardian Signature Date

FOR OFFICE USE ONLY

Date Received: ____ / ____ / ____

Recommendation Received: ____ Required Form ____ Additional Recommendations (Optional)

Approved: Yes OR No Staff: _____



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CORNELL COOPERATIVE EXTENSION ERIE COUNTY

4-H TEEN AMBASSADOR RECOMMENDATION FORM

Please complete the following recommendation and return it to the 4-H office no later than November 2nd. Late recommendations will not be accepted.

Recommendation For: _____ **Date:** ____ / ____ / ____

Please rate the applicant in each area below on a scale of one to five, with five being the highest...

	5	4	3	2	1	No Basis for Judgment
*Ability to work with others...						
d. Is considerate of other's opinions						
e. Is a team player and cooperates well						
f. Can communicate effectively						
*Leadership potential and administrative ability...						
c. Is able to motivate others						
d. Is able to handle sensitive or difficult situations						
*Emotional stability and maturity...						
d. Maturely receives direction and counsel						
e. Handles prolonged stress and high energy situations						
f. Adapts well to new situations and environments						
*Esteem in which applicant is held by peers...						
*Esteem in which applicant is held by adults or supervisors...						
*Can find creative solutions to problems in a short time...						
*Initiative and motivation...						
c. Self motivated; does more than asked						
d. Works well without constant supervision						
*Judgment...						
*Honesty...						

Please share how you know the applicant, and for how long you have known him/her...

How do you think the applicant would do in the role of Erie County 4-H Teen Ambassador?

Please Select One:

Highly Recommend **Recommend** **Recommend w/ Reservations** **Do Not Recommend**

Name (Please Print)

Signature

Date

Please return form to:

Cornell Cooperative Extension Erie County
Attn: Tessa Matuszak
21 S. Grove Street
East Aurora, NY 14052



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