

**Application Form**  
**For Adult and Youth Volunteers**  
**For Membership on Oregon 4-H Leaders' Association Executive Council**  
*A term of office is 3 years. There is a 2-term limit (for a maximum of 6 years).*

**County Extension Office Returns Application To:**

Mona Easley  
105 Ballard Extension Hall  
Oregon State University  
Corvallis, OR 97331-3608

**Return by: March 1**

**Applicant Name:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Phone Home:** \_\_\_\_\_ **Other:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Please provide the following information to help in the selection process.*

**1. How many years have you been a 4-H volunteer leader or member?** \_\_\_\_\_

**2. Are you (check one) :** \_\_\_ An adult volunteer? \_\_\_ A teen volunteer? **Your age is:** \_\_\_\_\_

**3. Why do you want to serve on the Oregon 4-H Leaders' Association Council?**

**4. What skills or assets could you contribute as a member of the Oregon 4-H Leaders' Association?**

**5. What other leadership responsibilities have you had with county, multi-county or state 4-H programs?**

**6. Extension Staff (or Nominator) Comments: (Include facts that are relevant to the potential role of this applicant.)**

**Signature:** \_\_\_\_\_

Use back of page as needed. (Revised: January 2008)