

State 4-H Ambassador Program Extension Application Form (Due August 1)



Name:			4-H Age: Birthdate:					
Primary Phone Number:			Email:					
Gender:	4-H County:							
Priority Area:	☐ Agriculture	☐ Health & Welln	ness 🖵 Leade		rship	☐ Science		
Committee Involvement: Do you wish to serve on a State 4-H Ambassador Committee: □ Yes □ No								

If yes, please circle the desired committee:

- Teen Leadership Conference (see Teen Leadership Conference committee position description for more details)
 - O An Executive committee will serve the Teen Leadership Conference committee. This executive team will consist of the following offices: President, Vice President, Secretary, Treasurer, and Reporter. Selection of these offices will be made at the first planning meeting.
- Marketing (see Marketing committee position description for more details)

Please answer the following questions in no more than four typed pages.

- 1. 4-H Experiences
 - Summarize your involvement in 4-H (local, county, state and national levels). Do not list ribbons or awards.
 - What has been your most rewarding 4-H experience and why?
- 2. Leadership Experiences
 - Summarize your leadership responsibilities and/or positions (in 4-H, school, your community and other
 - What has been your most fulfilling leadership experience and why?
- 3. Personal Statement
 - What do you think you can contribute to the South Dakota State 4-H Ambassador Program?
 - Why do you want to be a South Dakota State 4-H Ambassador?

References:

Please include three letters of recommendation from each of the following:

- A SDSU Extension Professional (4-H Youth Program Advisor/Assistant, County 4-H secretary, Field Specialist, etc.)
- A 4-H Leader or Volunteer
- A 4-H member or alumni (not over the age of 21)

^{*}References may not be from family or fellow ambassador candidates.

☐ Virtual (Zoom	Platform)	☐ In-person (☐ In-person (At State Fair)					
*If virtual interviev	w is selected, a lir	ık will be provided in la	ater communicati	ons.				
be held virtually d	uring these time f				l interviews will			
Preferred Time during	g State Fair: (Circ Option 1	le or highlight at least Option 2			Option 5			
Day	Option 1	Option 2	Option 3	Option 4	Option 5			
Wednesday (9/2/20)			1:00-3:30pm	3:30-5:30pm	4.00 0.000			
Thursday (9/3/20)				2:00-4:00pm	4:00-6:00pm			
Friday (9/4/20)	0.00 10.00	10,00am 12,00am			4:00-6:00pm			
Saturday (9/5/20) Sunday (9/6/20)	8:00-10:00am 8:00-10:00am	10:00am-12:00pm			4:00-6:00pm			
If selected, I am willing according to the job de Applicant Name Printed	scription.			ota State 4-11 Alli				
Signature of Applicant	Date _	Date						
Signature of Applicant	Date _	Date						
I verify that the above 4 4-H Youth Program Ad		-	-					
	Applicati	ons must be postma	r ked by: August	1st				
Mail application material to:								

Interview Process: (Select preferred interview method)

SDSU Extension Rapid City Regional Center Attn: Hilary Risner 711 N. Creek Drive Rapid City, SD 57703