



# 4-H AMBASSADOR / CULTURAL EXCHANGE APPLICATION

Please return before **November 15, 2020**

NAME: \_\_\_\_\_ YEARS IN 4-H: \_\_\_\_\_

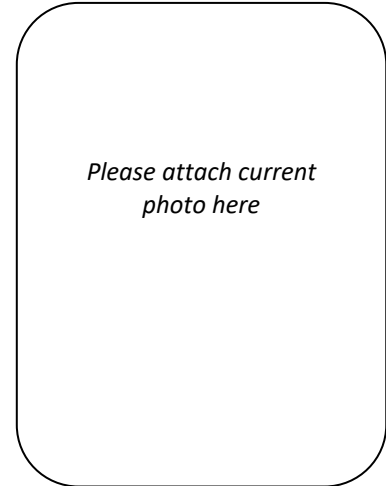
ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ 4-Her's CELL PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ (As of Jan. 1, 2021) YEAR IN SCHOOL: \_\_\_\_\_

MEMBER EMAIL: \_\_\_\_\_



PROGRAMS I WANT TO PARTICIPATE IN:  AMBASSADOR/LEADERSHIP

EXCHANGE TRIP

RESIDENCE:  CITY/TOWN  SUBURB  FARM  RURAL NON-FARM

CHILDREN IN FAMILY: BROTHER(S) \_\_\_\_\_ SISTER(S) \_\_\_\_\_ RELIGION: \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_ MOTHER'S OCCUPATION: \_\_\_\_\_

MAJOR 4-H and SCHOOL ACTIVITIES/PROJECTS/INTERESTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHY I'D LIKE TO PARTICIPATE IN THIS PROGRAM(S): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TRAVEL EXPERIENCES I HAVE HAD: \_\_\_\_\_

\_\_\_\_\_

ANY SPECIAL HEALTH CONSIDERATIONS? (Allergies, diabetes, etc.) \_\_\_\_\_

Please list any inside pets your family has \_\_\_\_\_

MEMBER'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

***\*Information below needs to be completed by parent(s) of the applicant.***

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

HAVE YOU COMPLETED THE 4-H VOLUNTEER SCREENING?

FATHER:  YES  NO RE-CERTIFIED FOR CURRENT YEAR  YES  NO

MOTHER:  YES  NO RE-CERTIFIED FOR CURRENT YEAR  YES  NO

MOTHER'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

FATHER'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_