

4-H AMBASSADOR/CULTURAL EXCHANGE CHAPERONE APPLICATION

(to travel with 4-H members on out of state trip)

Return before March 1, current year

NAME: _____ ADDRESS: _____

CITY: _____ ZIP CODE: _____ HOME PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

OCCUPATION: _____

RESIDENCE: ___ CITY/TOWN ___ SUBURB ___ FARM ___ RURAL NON-FARM

CHILDREN IN FAMILY: ___ SON(S) ___ DAUGHTER(S)

SPOUSE'S NAME: _____

SPOUSE'S OCCUPATION: _____

PREVIOUS EXCHANGE TRIPS YOU HAVE CHAPERONED:

MAJOR 4-H VOLUNTEER EXPERIENCES:

WHY I'D LIKE TO HELP CHAPERONE THIS PROGRAM:

TRAVEL EXPERIENCES I HAVE HAD:

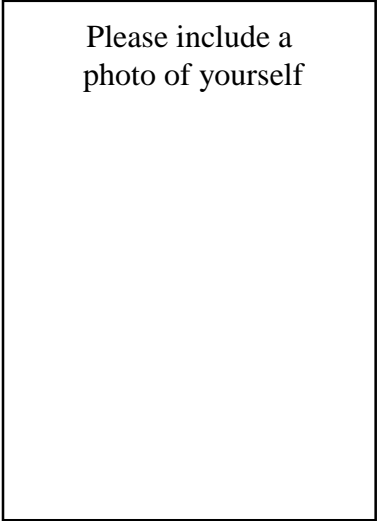
ANY SPECIAL HEALTH CONSIDERATIONS? (Allergies, diabetes, etc.)

ARE YOU VIP (Volunteer Information Profile) CERTIFIED?

YES ___ NO ___ VIP RE-CERTIFIED FOR CURRENT YEAR YES ___ NO ___

SIGNATURE _____ DATE _____

A current 4-H Participation Form must be completed.



Office use only:	Date submitted: _____	Date VIP Completed _____
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