



4-H AMBASSADOR / CULTURAL EXCHANGE APPLICATION

Please return before November 1

NAME: _____ YEARS IN 4-H: _____

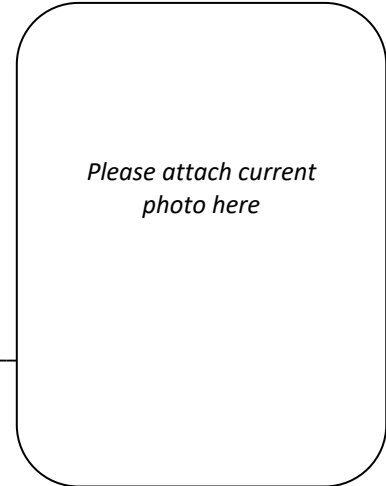
ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ 4-Her's CELL PHONE: _____

4-H AGE: ____ (As of Jan. 1 of new 4-H year) YEAR IN SCHOOL: _____

MEMBER and FAMILY EMAIL (please put both if have): _____



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 PROCESS?

FATHER: YES NO If Yes, RE-CERTIFIED FOR CURRENT YEAR YES NO

MOTHER: YES NO If Yes, RE-CERTIFIED FOR CURRENT YEAR YES NO

MOTHER'S SIGNATURE: _____ DATE _____

FATHER'S SIGNATURE: _____ DATE _____