

# WASHINGTON STATE 4-H ADVISORY BOARD

Adult Nominee Application and Statement (rev 10/20/16)

**Return by September 1 to:**

\_\_\_\_\_  
County

\_\_\_\_\_  
Date

\_\_\_\_\_  
County 4-H Council President's Signature

\_\_\_\_\_  
County 4-H Agent/Program Assistant Signature

Position applying for: (circle one)

Northwest

Southwest

Northeast

Southeast

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phones: \_\_\_\_\_

Email: \_\_\_\_\_

Number of years as a 4-H volunteer: \_\_\_\_\_ Where? \_\_\_\_\_

(Please limit remarks to this side of page only.)

Jobs performed for County 4-H Council: \_\_\_\_\_

Other 4-H jobs held: \_\_\_\_\_

Why do you want to be a member of the State 4-H Advisory Board? \_\_\_\_\_

What do you hope to contribute or achieve as an Advisory Board member? \_\_\_\_\_

Other comments: \_\_\_\_\_