PROJECT SUPERINTENDENT APPLICATION

Applying for what project area? ________________________________

NAME ________________________________ PHONE ____________

EMAIL ADDRESS ________________________________
YEARS IN 4-H ________________________________
CLUB AFFILIATION/S ________________________________

PAST 4-H LEADERSHIP EXPERIENCES (projects, workshops, council, leader training, etc.):

________________________________________________

________________________________________________

________________________________________________

WHAT CAN YOU ADD TO THE 4-H PROGRAM AS A SUPERINTENDENT?

________________________________________________

________________________________________________

SINCE PROJECT SUPERINTENDENTS MUST BE ABLE TO MAKE FAIR AND
COOPERATIVE DECISIONS, BRIEFLY DESCRIBE YOUR PAST EXPERIENCE
WORKING AS A TEAM MEMBER: ________________________________

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________________________________________________

ADDITIONAL COMMENTS:
The Superintendent’s job is a year-round responsibility. One of our expectations is that Superintendents be actively involved in promoting their project area on a county level. Understanding this expectation, what would you do to promote the project area of interest. Please include an action plan.

I have read the job description for this volunteer position and hereby agree to serve as a year-around support person for this project. I understand that Superintendents are appointed for three years with review/renewal by 4-H staff and Council.

____________________________
Signature

____________________________
Date

2013 – Kitsap County 4-H Youth Development Program. S. Harkness

WSU Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported to your local WSU Extension office.