Spokane County 4-H

4-H Horse Mentorship Contract

The Policy: Mentorship Horse: An Intermediate or Senior who wishes to mentor one member may share participation of their certified horse with the mentor member(mentee). The mentored member would certify the shared horse using the certificate date and lease as date of possession and depending on the date of certification—per the 90 day rule the horse could be designated either as an activity or project horse. The mentored member may not compete in the same age group as the mentor. They must complete a mentor contract and submit it with their horse certificate. A mentored member cannot qualify for state fair participation. Must also submit a horse certificate for each horse and rider combinations.

Today’s Date: __________________________________________

Mentor Youth Name: ______________________________________
Mentor Youth Age Group: Int or Sr

Mentor Horse’s Name: ______________________________________

Mentor Phone: __________________________________________
Mentor Address: _________________________________________

Mentor Email: __________________________________________

Mentor Parent Name: _____________________________________
Mentor Parent Signature: _________________________________

Mentee Youth Name: ______________________________________
Mentee Youth Age Group: Jr Int or Sr

Mentee Phone: __________________________________________
Mentee Address: _________________________________________

Mentee Email: __________________________________________

Mentee Parent Name: _____________________________________
Mentee Parent Signature: _________________________________

***The Mentorship agreement is from the following dates: __________________20__ to ____________________20__

4-H Horse Mentorship Plan:
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Mentor Signature: ______________________________________
Mentee Signature: ______________________________________

Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office. Reasonable accommodations will be made for persons with disabilities and special needs who participate in 4-H events and programs. Contact Kate McCloskey at the Spokane 4-H Extension Office at 222 N. Havana, Spokane, (509-477-2165; kmccloskey@spokanecounty.org) at least two weeks prior to the event.