



Date of receipt \_\_\_\_\_  
(for state 4-H office)

## 4-H State Teen ACTION Council

### Statement of Commitment

I, \_\_\_\_\_ a selected \_\_\_\_\_ County representative for STAC, understand that by signing this form I commit myself to a one-year term (September to August) and agree to make every attempt to attend all STAC meetings, to be an active participant and adhere to the mission of the NJ 4-H State Teen ACTION Council. I will share what I have learned with other 4-H members, leaders and community agencies in my county.

Active member in County program for \_\_\_\_\_ years.      Current Grade \_\_\_\_\_  
Email \_\_\_\_\_

#### Briefly list leadership experiences:

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#### List Public Speaking with level (CL - club, CO - county, ST - state):

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#### Community Service Involvement:

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#### Youth and Adult Partnerships:

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Over...

## 4-H State Teen ACTION Council cont...

Signature of representative: \_\_\_\_\_ Date \_\_\_\_\_

Leader Recommendation Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of 4-H Leader: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Staff Recommendation Statement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of County 4-H Agent/Program Associate: \_\_\_\_\_

Date: \_\_\_\_\_

### PLEASE RETURN TO:

Macy Compton, State 4-H Program Coordinator, 4-H Youth Development,  
88 Lipman Drive, 329 Martin Hall, New Brunswick, NJ, 08901

**Thank you!**