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:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Community Service Involvement:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Youth and Adult Partnerships:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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!

MC 9-09