

4-H Alumni & Friends Survey



The New Jersey 4-H Program is looking to connect with former 4-H members, volunteers and staff. We invite you to complete this survey. Please share how your 4-H experiences have impacted your life.

Please rate the following:

5=strongly agree

1=strongly disagree

As a result of my involvement in the 4-H program...

I learned leadership skills.	5	4	3	2	1
I met new friends.	5	4	3	2	1
I learned the importance of community service.	5	4	3	2	1
I learned public speaking skills.	5	4	3	2	1
I developed knowledge and skills that I use today.	5	4	3	2	1
My experience with 4-H has shaped my life in a positive way.	5	4	3	2	1

What kind of 4-H programs did you participate in? (check all that apply)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> 4-H Club | <input type="checkbox"/> Regional or State 4-H Events (SJTC, NJTC, 4-H Actions Days, 4-H Expo) |
| <input type="checkbox"/> 4-H Fair | <input type="checkbox"/> National 4-H Events (4-H CWF, 4-H Congress, National 4-H Conference) |
| <input type="checkbox"/> 4-H Camp | <input type="checkbox"/> Special Interest Program |

What opportunities and experiences did 4-H provide for you? (check all that apply)

- opportunity to see yourself as an active participant in society (*independence*)
- opportunities for self-determination (*independence*)
- opportunity for mastery of 4-H project skills (*mastery*)
- engagement in learning (*mastery*)
- a safe environment (*belonging*)
- positive relationships with caring adults (*belonging*)
- opportunity to value and practice service for others (*generosity*)

What skills did you learn in 4-H that you use today? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Keeping Records | <input type="checkbox"/> Decision Making |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Community Service/Volunteering | <input type="checkbox"/> Teamwork |
| <input type="checkbox"/> Self-motivation | <input type="checkbox"/> Concern for Others | <input type="checkbox"/> Self-esteem |
| <input type="checkbox"/> Healthy Lifestyle Choices | <input type="checkbox"/> Stress Management | <input type="checkbox"/> Critical Thinking |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Sharing | <input type="checkbox"/> Accepting Differences | <input type="checkbox"/> Cooperation |

Did your 4-H projects influence your career choice? Yes No

If yes, what is your current occupation? _____

OVER ➡

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Would you like learn more about any of the 4-H volunteer opportunities? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Be a 4-H club leader | <input type="checkbox"/> Judge a 4-H contest | <input type="checkbox"/> Help at the fair |
| <input type="checkbox"/> Help with a 4-H event | <input type="checkbox"/> Serve on a 4-H advisory board | <input type="checkbox"/> Sponsor a program or award |
| <input type="checkbox"/> Serve as a Camp Counselor | <input type="checkbox"/> Other _____ | <input type="checkbox"/> I am already a 4-H volunteer |

What is your 4-H affiliation (former member, staff, parent, volunteer, etc.)? _____ State/County: _____

Why did you become involved in 4-H? _____

What were your years of involvement? _____

We would like to know more about your 4-H experience. Please share any memories or comments:

Visit the New Jersey 4-H online...

www.nj4h.rutgers.edu

www.facebook.com/NewJersey4-H

Join our mailing list for occasional updates!

Please provide your most current contact information below:

Name (include Maiden name): _____

Address: _____

City, State, Zip: _____

Phone(s): _____

Email: _____

Employer (Optional): _____

Thank you for your feedback!

Please mail or fax your completed survey to:

Department of 4-H Youth Development
88 Lipman Drive, Room 328
New Brunswick, NJ 08901
Fax: 732-932-7541

For more information or to fill out this form online, please contact:

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