



Date: _____ County _____

4-H Web Site Administrator (*responsible for the web site*)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Email _____

4-H Club _____

Other Members and Leaders that will help with web page development:

Please use an extra sheet to describe what types of information will be posted on this web site.

URL of the Site _____

Required Signatures:

As the primary adult volunteer leader for this club, I have read and understand the *New Jersey 4-H Web Policy*. I will follow this policy and confirm that the 4-H members and other contributors to the web site are in compliance with the policy.

Adult Volunteer (Print Name) _____

Signature _____ Date _____

I approve the request for a 4-H Youth Development web site as described above.

County 4-H Staff (Print Name) _____

Signature _____ Date _____

3-18-04