

LEADERSHIP ADVISOR APPLICATION (ALL-STAR/AMBASSADOR)

Program Year _____

Name: _____

Address: _____

City, State, Zip: _____

Phone numbers: Home: _____

Cell: _____

Work: _____

Is it acceptable to call during work hours? yes no

Email: _____

Number of years as a 4-H Leader: _____

Why do you want to be the a Leadership Advisor? _____

What would you like to see our leadership team do or accomplish this year? _____

Signature _____ Date _____

Drop off or return to the UCCE Office by mail, fax or email as soon as possible.

MAIL

680 N. Campus Dr. Ste. A
Hanford, CA 93230

FAX

559-582-5166

EMAIL

tawatkins@ucanr.edu