



**Santa Cruz County 4-H Youth Development Program  
 Volunteer Development  
 Funding Application**

The Santa Cruz County 4-H Leaders Council provides reimbursements up to \$100.00 per leader to offset the costs of leader training, conference fees and educational resource materials annually.

**Process:**

1. Prior to incurring any expenses, volunteers will need to submit the *Volunteer Development Funding Application* to the Santa Cruz County 4-H Leaders Council for approval.
2. The Leaders Council will review the application and make funding decisions based upon the following criteria: a) Ability of the request to build volunteer capacity. b) Ability of the request to develop citizenship, leadership, and life skills in members. c) Appropriateness of expenses. d) Availability of funds.
3. After review, the volunteer will have their *Volunteer Development Funding Application* returned with comments and funding allowances identified. If approved, the volunteer can then incur permitted reimbursable expenses.
4. Once the volunteer has concluded the travel, training or received the materials, they will be asked to make a brief presentation at a Leaders Council regarding item(s) that received funding.
5. Once the presentation has been made, the volunteer must submit the reimbursement request form and all receipts to receive payment for approved expenses.

**Complete PRIOR to incurring expenses:**

Name:	
Address:	
Phone:	
Club:	
Date:	
Amount Requested:	
Description of items to be reimbursed:	
How will this resource/opportunity enhance your capacity as a 4-H leader?	
How will this resource/opportunity develop citizenship, leadership, and like skills of 4-H members?	

**To be completed by Santa Cruz County 4-H Leaders Council:**

Accept: _____ Amount Approved: _____ Deny: _____
Comments: _____
Leaders Council President Signature _____ Date _____

**Complete AFTER incurring expenses:**

<i>Make Check Payable To:</i>	
Name: _____	
Address: _____	
Phone: _____ Club: _____	
Date: _____ Amount Requested: _____	
Description of items to be reimbursed: _____	
Invoice or Receipt Number: _____	
Requested by: _____	
Signature _____	Date _____

**To be completed by Leaders Council Treasurer:**

Date Received: _____	Date Paid: _____
Check Number: _____	Budget Category: _____

**Complete form, attach original receipts and return it to:**

*Santa Cruz County 4-H Leaders Council  
1433 Freedom Blvd  
Watsonville, CA 95076*