OTTAWA COUNTY 4-H
TEEN LEADERSHIP PROJECT
FINAL REPORT

PROJECT YEAR: September 1 to August 31
REPORT DUE:

NAME:__________________________________________ 4-H AGE: __________

ADDRESS:________________________________________

CITY:________________________________________ ZIP CODE:______________

CLUB:________________________________________ Member of Teen Club: ____ yes   __ no

DATE OF CLUB MEETING THAT YOU RAN:__________ TOPIC:________________________

NUMBER IN ATTENDANCE: ______ WHAT DID YOU DO?________________________

NAME OF DEMONSTRATION:________________________________________

DATE DONE FOR COUNTY COMPETITION:______________ FAIR:____________________

HAVE YOU DONE THIS SAME DEMONSTRATION BEFORE? ______ IF SO, WHEN:________

FOR WHAT AUDIENCE?_______________________________________________________

NAME OF EDUCATIONAL EVENT YOU ATTENDED:

DATE:______________ NUMBER OF HOURS OF CLASS TIME:_____________________

NAME OF ORGANIZATION WHO SPONSORED THE EVENT:_________________________

WHAT DID YOU LEARN?________________________________

________________________________________________________________________

________________________________________________________________________

DID YOU DO A 4-H SERVICE PROJECT THIS YEAR? _____ WHAT?

________________________________________________________________________

DID YOU SERVE ON ANY 4-H COMMITTEES?_____ WHAT ONES?_____________________

yes   no
LIST OTTAWA COUNTY 4-H EVENTS YOU ATTENDED:

LIST STATE 4-H EVENTS YOU ATTENDED OR PARTICIPATED IN:

LIST ANY AWARDS YOU RECEIVED DURING THE PAST YEAR (BOTH 4-H AND NON 4-H) DO NOT INCLUDE AWARDS GIVEN AT LAST YEARS BANQUET

WHAT DO YOU CONSIDER TO BE YOUR MAJOR ACCOMPLISHMENT IN 4-H THIS PAST YEAR?

WHAT COULD YOU HAVE DONE BETTER IN THE PAST YEAR? ____________________________

WHAT IS THE PRIMARY REASON YOU ARE A 4-H TEEN LEADER? ____________________________

Signature of 4-H Member

Signature of 4-H Leader

(Report form not valid unless signed by a 4-H Leader)

Return To: OTTAWA COUNTY 4-H
12220 Fillmore St. Suite 122
West Olive, MI 49460

Or FAX To: 616-994-4579

DATE RECEIVED: _____________________

APPROVED FOR LEADERSHIP PIN? _____ _____ APPROVED BY TEEN ADVISOR _____ _____

yes no yes no