

APPLICATION FOR TEEN REPRESENTATIVE  
ISABELLA COUNTY 4-H COUNCIL

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CLUB \_\_\_\_\_ ADMINISTRATIVE LEADER \_\_\_\_\_

TEEN LEADER PROJECT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU WANT TO BE A TEEN COUNCIL REPRESENTATIVE? \_\_\_\_\_  
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\_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

4-H LEADER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_