



## Juab County Teen Council Application

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

How many years have you been in 4-H? \_\_\_\_\_

What projects have you been involved in?

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Give a summary of ANY leadership experiences you may have had:

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Give a summary of ANY experiences you have had related to public speaking or demonstrations:

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Name one idea of something YOU can do to promote 4-H in your county:

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Teen Council members typically meet 2 times a month to participate in strengthening activities. In addition, you will experience leadership positions and you will be given the opportunity to serve within the community. Explain what you would do to successfully fulfill the responsibilities and duties of a Teen Council Member:

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