



## NATIONAL 4-H CONFERENCE LEADERSHIP INTEREST FORM

To be considered for a Leadership Position, please follow the steps listed below.

**STEP 1:** Review the National 4-H Conference leadership position descriptions.

**STEP 2:** Applicants must complete **Part A** (saved as LastName-FirstName\_InterestForm\_Natl4-HConf) with resume (saved as LastName-FirstName\_Resume\_Natl4-Hconf).

**STEP 3:** Email the completed form with resume to [National4-Hconference@usda.gov](mailto:National4-Hconference@usda.gov) using subject line "National 4-H Conference Leadership Interest", and in the cc line include the State 4-H Program Leader/contact for the Land-grant University you plan to represent.

**STEP 4:** If selected to serve in a leadership position, complete **Part B** and follow registration steps as directed by your Adult Advisors.

### PART A – LEADERSHIP INFORMATION

#### APPLICANT INFORMATION (Required)

List the following information found on your photo identification.

1. FULL NAME (First, Last)	2. DATE OF BIRTH (Month Day Year)	
3. MAILING ADDRESS	4. Apt, Unit, etc.	
5. CITY	6. STATE	7. ZIP CODE
8. EMAIL ADDRESS	9. CELL PHONE NUMBER	

10. Which position(s) are you interested in? See position descriptions for eligibility and description of duties.

- |   |  |
|---|--|
| <input type="checkbox"/> Collegiate Facilitator               | <input type="checkbox"/> Youth Leadership Team (YLT)               |
| <input type="checkbox"/> Collegiate Facilitator Adult Advisor | <input type="checkbox"/> Youth Leadership Team (YLT) Adult Advisor |
| <input type="checkbox"/> Lead Collegiate Facilitator          |  |

#### DEMOGRAPHIC INFORMATION (Optional)

This information will inform our understanding of diversity and inclusion among the participants of the National 4-H Conference Leadership Team.

11. AGE (on 1 <sup>st</sup> day of National 4-H Conference)	12. GRADE LEVEL	
13. ETHNICITY (Select one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share	14. RACE (Select one or more) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I prefer not to share	15. GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> I prefer not to share



**4-H PROGRAM INFORMATION**

16. How many years have you participated in 4-H?

- Less than 1 year
- 2 to 5 years
- 5 to 10 years
- More than 10 years

17. Which Land-grant University is your 4-H program associated with?

18. What college or university do you attend? (Collegiate Facilitators only)

19. Have you previously attended National 4-H Conference?  Yes  No  
If yes, select all the roles you have served at past National 4-H Conferences and list the year(s) you attended.

- Adult Chaperone\_\_\_\_\_  Youth Delegate\_\_\_\_\_
- Collegiate Facilitator\_\_\_\_\_  Youth Leadership Team (YLT) \_\_\_\_\_
- Collegiate Facilitator Adult Advisor\_\_\_\_\_  Youth Leadership Team (YLT) Adult Advisor\_\_\_\_\_
- Lead Collegiate Facilitator\_\_\_\_\_

20. Have you served on other National 4-H teams?  Yes  No  
If yes, which?

**REFERENCES**

*Please enter the name, phone, and email address for two references, who are not related to you.*

21. REFERENCE FULL NAME (First, Last)	22. RELATIONSHIP
23. TELEPHONE NUMBER	24. EMAIL ADDRESS
25. REFERENCE FULL NAME (First, Last)	26. RELATIONSHIP
27. TELEPHONE NUMBER	28. EMAIL ADDRESS

**QUESTIONNAIRE**

*Please write a clear and complete response to each question. These questions are an opportunity to introduce yourself and explain why you would like to serve as part of the leadership team for National 4-H Conference.*

29. Why are you interested in this leadership role for National 4-H Conference? (100 words)

30. Tell us about one of your most meaningful experiences in providing leadership for a team and facilitating educational experiences for groups. (100 words)

31. Tell us about a time when you were a part of a successful youth-adult partnership. What are some key takeaways from that partnership that you can utilize in your role with National 4-H Conference? (100 words)

32. Tell us about an impactful experience working with people who had different backgrounds, experiences, personalities, and/or beliefs than you. What was challenging or exciting about that experience? What would you do differently now because of that experience? (100 words)

33. Please send a PDF of your current resume outlining your education and experience relevant to the leadership role. Name the file as LastName-FirstName\_Resume\_Nat4-HConf

**PARTICIPANT AFFIRMATION**

All the information included in this application about my personal information, background, experiences, and skills is accurate. I am either 18 years of age or older or I have discussed this with my parents/legal guardian, who by their signature below agree with my decision to serve in a leadership role for National 4-H Conference.

I consent to receive email, mail, texts, or phone call communications relating to announcements, assignments, logistics, mentoring, or similar matters regarding the National 4-H Conference.

I have read the National 4-H Conference Leadership Position Description document and agree to the travel expectations, leadership position description and duties.

34. PARTICIPANT NAME (First, Last)

35. PARTICIPANT SIGNATURE

36. DATE



**PARENT/GUARDIAN CONSENT**

By checking the box to the left, I affirm that I am the parent/guardian of the abovenamed participant and consent to their participation in the National 4-H Conference leadership opportunity. I understand that providing consent is voluntary and not required. I understand that not providing consent may limit this young person's ability to serve in a leadership position at National 4-H Conference.

37. PARENT/GUARDIAN NAME (First, Last)

38. PARENT/GUARDIAN SIGNATURE

39. DATE

40. EMAIL

41. TELEPHONE NUMBER

**PART B – REGISTRATION INFORMATION**

**Complete Part B only if selected for a leadership position. Part B includes the additional information collected on the National 4-H Conference online registration system.**

**PARTICIPANT INFORMATION**

42. REGISTRATION TYPE (Select one)

Collegiate Facilitator

Youth Leadership Team

Collegiate Facilitator Adult Advisor

Youth Leadership Team Adult Advisor

43. T-SHIRT SIZE

Small

Medium

Large

XL

2XL

3XL

**LODGING INFORMATION (Required)**

*This information must be assigned by Land-grant College or University or Military Service Branch.*

44. CHECK-IN DATE

45. CHECK-OUT DATE

46. NAME OF ROOMMATE

**REASONABLE ACCOMMODATIONS**

47. ACCOMMODATION REQUESTED (be as specific as possible, if accommodation is time sensitive, please explain)

48. REASON FOR REQUEST

**DIETARY INFORMATION**

49. DIETARY RESTRICTIONS (check all boxes that apply)

None

Dairy Free

Vegan

Nut Free

Gluten Free

Vegetarian

Other \_\_\_\_\_

**NAME BADGE INFORMATION**

50. List your first name as you would like it to appear on your name badge.

**ACTIVITY PREFERENCES**

51. List your top three choices for challenge question topics. (For Collegiate Facilitators Only)



1st choice	2nd choice	3rd choice
52. List your team's top three choices for community service. (For Lead Adult Advisor Only)		
1st choice	2nd choice	3rd choice
53. How many people (adults and youth) are in your group? (For Lead Adult Advisor Only)		

**QUESTION FOR THE U.S. SECRETARY OF AGRICULTURE (Optional)**

54. If you had the chance to ask the U.S. Secretary of Agriculture a question, what would it be?

**PARTICIPANT AFFIRMATION**

By checking the box to the left, I understand my behavior affects the entire National 4-H Conference community and that I represent myself, my local and state/territory 4-H Program and the 4-H Youth Development Program. Therefore, I have read, understand, and will abide by the National 4-H Conference Handbook and Code of Conduct.

By checking the box to the left, I consent to the reproduction, and use, royalty-free, of motion picture films, videotapes, recorded sounds, and still photographs of me by the Communications Staff, National Institute of Food and Agriculture, United States Department of Agriculture for all purposes including, but not limited to, education, training, trade, display, editorial, advertising, promotion, art, and exhibits. In giving this consent, I release the United States, its officers, employees, nominees, and designees from liability for any violation of any personal or proprietary right I may have in connection with such reproduction, and use.

By checking the box to the left, I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my National 4-H Conference experience will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws.

By checking the box to the left, I consent to receive email, mail, texts, or phone call communications relating to announcements, assignments, logistics, mentoring, or similar matters regarding the National 4-H Conference.

By checking the box to the left, I consent to participate in National 4-H Conference evaluation by a third-party evaluator. Evaluation may include participating in observations, evaluations, and feedback relating to a participation in National 4-H Conference activities (such as survey assessments or formal observations). I consent to share my demographic information (such as age, ethnicity, race, gender identity, Land-grant University, etc.) with the third party National 4-H Conference evaluator.

By checking the box to the left, I consent to be transported while participating in and traveling to and from this event by hired drivers authorized by the organizers of National 4-H Conference.

55. PARTICIPANT NAME (First, Last)	56. PARTICIPANT SIGNATURE	57. DATE
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**PARENT/GUARDIAN CONSENT**

By checking the box to the left, I affirm that I am the parent/guardian of the above-named participant and consent to their participation in National 4-H Conference. I have read, understand, and agree to follow the National 4-H Conference Handbook and provide consent for the participant affirmation(s) checked above. I understand that providing consent is voluntary and not required. I understand that not providing consent may limit this young person's ability to participate in National 4-H Conference.

58. PARENT/GUARDIAN NAME	
59. EMAIL	60. TELEPHONE NUMBER
61. PARENT/GUARDIAN SIGNATURE	62. DATE



**NON-DISCRIMINATION STATEMENT**

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

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*Public reporting for collection of information is estimated to average 1 hour, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIFA, OGF, 2312 East Bannister Road, Mail Stop 10,000, Kansas City, MO 64131, Attention Policy Section. Do not return the completed form to this address. National Institute of Food and Agriculture US Department of Agriculture OMB No. 0524-NEW Form Approved For Use Through xx/xx/xxxx*