



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 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.

- | | |
|---|--|
| ☐ Collegiate Facilitator | ☐ Youth Leadership Team (YLT) |
| ☐ Collegiate Facilitator Adult Advisor | ☐ Youth Leadership Team (YLT) Adult Advisor |
| ☐ 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 st day of National 4-H Conference)	12. GRADE LEVEL	
13. ETHNICITY (Select one) ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ I prefer not to share	14. RACE (Select one or more) ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ I prefer not to share	15. GENDER ☐ Female ☐ Male ☐ Non-binary ☐ 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_Natl4-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)



National Institute of Food and Agriculture

U.S. DEPARTMENT OF AGRICULTURE

OMB Number 0524-XXXX
Expiration Date XX/XX/XXXX

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
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

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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 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.

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