



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.

- | | |
|---|--|
| <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 demographics 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
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13. What is your race and/or ethnicity? Select all that apply and enter additional details in the spaces below.

☐ American Indian or Alaska Native – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.



☐ Asian - Provide details below.

- ☐ Chinese ☐ Asian Indian ☐ Filipino
☐ Vietnamese ☐ Korean ☐ Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

☐ Black or African American - Provide details below.

- ☐ African American ☐ Jamaican ☐ Haitian
☐ Nigerian ☐ Ethiopian ☐ Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ Hispanic or Latino - Provide details below.

- ☐ Mexican ☐ Puerto Rican ☐ Salvadoran
☐ Cuban ☐ Dominican ☐ Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ Middle Eastern or North African - Provide details below.

- ☐ Lebanese ☐ Iranian ☐ Egyptian
☐ Syrian ☐ Iraqi ☐ Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

☐ Native Hawaiian or Pacific Islander - Provide details below.

- ☐ Native Hawaiian ☐ Samoan ☐ Chamorro
☐ Tongan ☐ Fijian ☐ Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

☐ White - Provide details below. Enter for example, French, Swedish, Norwegian, etc.

- ☐ English ☐ German ☐ Irish
☐ Italian ☐ Polish ☐ Scottish

Enter, for example, French, Swedish, Norwegian, etc.

14. SEX

☐ Female

☐ Male

4-H PROGRAM INFORMATION

15. 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

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

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



18. 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_____

19. 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.

20. REFERENCE FULL NAME (First, Last)

21. RELATIONSHIP

22. TELEPHONE NUMBER

23. EMAIL ADDRESS

24. REFERENCE FULL NAME (First, Last)

25. RELATIONSHIP

26. TELEPHONE NUMBER

27. 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.

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

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



30. 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)
31. 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)
32. 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.

33. PARTICIPANT NAME (First, Last)	34. PARTICIPANT SIGNATURE	35. 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 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.

36. PARENT/GUARDIAN NAME (First, Last)	37. PARENT/GUARDIAN SIGNATURE	38. DATE
39. EMAIL	40. 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

41. REGISTRATION TYPE (Select one)

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



42. T-SHIRT SIZE					
<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> XL	<input type="checkbox"/> 2XL	<input type="checkbox"/> 3XL
LODGING INFORMATION (Required) <i>This information must be assigned by Land-grant College or University or Military Service Branch.</i>					
43. CHECK-IN DATE			44. CHECK-OUT DATE		
45. NAME OF ROOMMATE					
REASONABLE ACCOMMODATIONS					
46. ACCOMMODATION REQUESTED (be as specific as possible, if accommodation is time sensitive, please explain)					
47. REASON FOR REQUEST					
DIETARY INFORMATION					
48. DIETARY RESTRICTIONS (check all boxes that apply)					
<input type="checkbox"/> None	<input type="checkbox"/> Dairy Free	<input type="checkbox"/> Vegan	<input type="checkbox"/> Nut Free		
<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____			
NAME BADGE INFORMATION					
49. List your first name as you would like it to appear on your name badge.					
<input type="checkbox"/> ACTIVITY PREFERENCES					
50. List your top three choices for challenge question topics. (For Collegiate Facilitators Only)					
1st choice		2nd choice		3rd choice	
51. List your team's top three choices for community service. (For Lead Adult Advisor Only)					
1st choice		2nd choice		3rd choice	
52. How many people (adults and youth) are in your group? (For Lead Adult Advisor Only)					
QUESTION FOR THE U.S. SECRETARY OF AGRICULTURE (Optional)					
53. If you had the chance to ask the U.S. Secretary of Agriculture a question, what would it be?					
PARTICIPANT AFFIRMATION					
<input type="checkbox"/> 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, sex, 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.

54. PARTICIPANT NAME (First, Last)

55. PARTICIPANT SIGNATURE

56. 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.

57. PARENT/GUARDIAN NAME

58. EMAIL

59. TELEPHONE NUMBER

60. PARENT/GUARDIAN SIGNATURE

61. 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, 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.

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National Institute of Food and Agriculture

U.S. DEPARTMENT OF AGRICULTURE

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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, OGFM, 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. 0524-0054 Form Approved For Use Through 01/31/2027