

**Cloverbud Teen Leader  
Sandusky County 4-H****General and Contact Information**

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Complete Address \_\_\_\_\_

Age as of January 1, 2023 \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Club \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**Volunteer Information**

Why are you interested in volunteering as a Cloverbud Teen Leader?

---



---



---

What traits, skills, or special experiences do you have which would benefit you in this position?

---



---

List some activities in which you have participated through your 4-H Club or other organizations

Years	Activity / Responsibilities

**Availability**

Which event or events are you interested helping with?

- Cloverbud Fun Day - July 28, 2023
- Cloverbud Saturdays - Dates TBD

**Signature**

By signing below, I agree that the information provided in this application is correct, to the best of my knowledge.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

