

MEMBER EVALUATION FORM

Member Name: _____ Date: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Birthdate: _____ Age: _____ Grade: _____
 Years in 4-H: _____ Club: _____ Personal Email: _____

Have you already attended the WI 4-H & Youth Conference in Madison, WI?	Yes	No
Citizenship Washington Focus?	Yes	No
Space Camp?	Yes	No
Advanced Space Camp?	Yes	No
Fall Forum?	Yes	No
American Spirit East?	Yes	No

PROJECT LISTING

List projects in which you have been enrolled and indicate years and if presently enrolled. Do not exceed space allowed. Be selective if necessary.

	Project	Years Involved	Check if currently enrolled
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			



SECTION 1: 4-H LEADERSHIP

Share your goals, roles, accomplishments, programs and plans. Please be concise. Do not add pages.



An EEO/AA employer, University of Wisconsin-Extension provides equal opportunities in employment and programming, including Title VI, Title IX, and the Americans with Disabilities Act (ADA) requirements. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact: oedi@uwex.uwc.edu.

SECTION 2: 4-H PROJECT OR ACTIVITY REPORTS

Knowledge, skills, size, scope, experiences and leadership. Please be concise. Do not add pages.

Name of project or activity: _____

Leadership and/or teaching responsibilities you've had in this project or activity:



SECTION 2: 4-H PROJECT OR ACTIVITY REPORTS

Knowledge, skills, size, scope, experiences and leadership. Please be concise. Do not add pages.

Name of project or activity: _____

Leadership and/or teaching responsibilities you've had in this project or activity:



SECTION 2: 4-H PROJECT OR ACTIVITY REPORTS

Knowledge, skills, size, scope, experiences and leadership. Please be concise. Do not add pages.

Name of project or activity: _____

Leadership and/or teaching responsibilities you've had in this project or activity:



SECTION 2: 4-H PROJECT OR ACTIVITY REPORTS

Knowledge, skills, size, scope, experiences and leadership. Please be concise. Do not add pages.

Name of project or activity: _____

Leadership and/or teaching responsibilities you've had in this project or activity:



SECTION 5: DISCUSSION QUESTION

Based upon your experiences in 4-H, what is an important concern of youth that you feel 4-H has helped you deal with positively? What has 4-H specifically done to help you in dealing with this concern? Could changes be made for 4-H to help even more? How would your proposed change help? Please be concise. Do not add pages. Remember, there are no right or wrong answers to these questions.



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Please check the boxes next to the following trips, events and activities you wish your ME form to be considered for this year. Please check the box if you have an interest in participating – you are not committing to the program at this time.

- Citizenship Washington Focus
- Fall Forum
- Summer Camp Counselor
- National 4-H Conference
- National 4-H Congress
- Space Camp
- Wisconsin 4-H & Youth Conference
- Advanced Space/Robotics Academy
- American Spirit East
- Other: _____

**ME FORMS ARE DUE TO THE UW-EXTENSION OFFICE BY 4:30 P.M. ON OCTOBER 1st.
MAILED, EMAILED AND FAXED COPIES WILL BE ACCEPTED AS LONG AS THEY ARE LEGIBLE.**

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FOR OFFICE STAFF USE ONLY:

Received on ____/____/____

By _____

10 pages present? Yes / No

