**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.

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|  | **Project** | **Years Involved** | **Check if currently enrolled** |
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**SECTION 1: 4-H LEADERSHIP**

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

**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 3: OTHER 4-H ACTIVITIES SUMMARY**

Share information on activities not reported elsewhere in this report. Please be concise. Do not add pages.

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| **Year** | **Activities** |
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**SECTION 4: NON 4-H ACTIVITIES**

Share information on activities not reported elsewhere in this report. Please be concise. Do not add pages.

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| **Year** | **Activities** |
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**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.

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.**

**212 6th St. N Suite 2200 | La Crosse | WI | 54601**

**LaCrosseCounty4H@lacrossecounty.org**

**Fax: 608-789-4808**

**FOR OFFICE STAFF USE ONLY:**

Received on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

By \_\_\_\_\_\_\_\_\_\_

10 pages present? Yes / No