



Calumet County 4-H Leaders Council

206 Court St
Chilton, WI 53014
920-849-1450



4-H REFERENCE FORM

Name of 4-H Member: _____

As part of the process for selecting youth for Calumet County 4-H Trips, the selection committee is seeking recommendation and information for each candidate. Please provide us your input, to the best of your ability, regarding the following areas:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Unknown</u>
· Leadership qualities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
· Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
· Participation in 4-H program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
· Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
· Positive attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
· Will positively represent the 4-H program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide additional comments in the space below:

Print Your Name: _____ Title: _____

Signature: _____ Date: _____

Phone Number: _____

Email: _____

Please return this form to the address above or e-mail to connie.leonhard@ces.uwex.edu by October 16, 2017.

THANK YOU!