# WISCONSIN 4-H YOUTH DEVELOPMENT
# *CARE TO SHARE FORM*

This form has been designed to provide valuable input to Wisconsin 4-H Youth Development programs. Once completed and submitted, this form will be distributed to the most appropriate individual or group to address the issue or concern. All sections (including contact information) must be completed.

**SECTION #1: Describe the facts of the current situation:**

**SECTION #2: Describe the circumstance or if applicable, the problem with current situation:**

OVER

**SECTION #3: Give your suggestions for a possible solution if one is needed. Commend someone or a program/group.**

***Please Print:***

Name of person completing form:_____

Address of person completing form:_____

Phone number of person completing form:_____

E-mail address of person completing form:_____

SIGNATURE:_____ DATE:_____

**Please return completed forms to your local UW-Extension Office.**

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