

State Horse Advisory Committee Youth Volunteer Nomination Form

1 Year Term

Name _____

Address _____

Phone _____

E-Mail Address _____

FAX _____

Age _____

No, I do not want to be considered for the Northeast Youth Member of the State 4-H Horse Advisory Committee.

Yes, I would like to be considered for the Northeast Youth Member of the State 4-H Horse Advisory Committee.

Number of years in the 4-H Horse Project: _____

List the club, county, district and state horse related activities/contests/trainings in which you have participated:

Would you be able to attend most/all of the meetings and activities required of the Horse Advisory Committee members? (Typically, this committee meets in the Spring and Fall and during the Horse Expo in Grand Island. They try to alternate weekends and week day meetings. They typically meet in Grand Island or Kearney.)

Yes No Explain:

Why are you interested in working on the 4-H Horse Advisory Committee?

Guardian Signature

Date

4-H Member Signature

Date

This application must be received by November 30. Send to :

Vickie L. Greve
4-H and Youth Specialist
Northeast Research and Extension Center
601 East Benjamin Avenue, Suite 104
Norfolk, NE 68701-0812