

**COOKE COUNTY 4-H**

**HELPING HANDS AWARD**

**No Interview Required**

This award will be presented at the 4-H Achievement Banquet to 4-Hers who have performed services for the benefit of the public. One award per age category may be given each year. Community Service is defined as “providing assistance that benefits someone outside of a 4-H family.” Applications must be completed and returned to the Extension office by July 17, 2020. A 4-Her may receive the award one time in each age category. No interview is required. Applications will be judged by a panel of impartial judges outside of Cooke County.

**Age Category: \_\_\_\_\_\_ Junior \_\_\_\_\_\_ Intermediate \_\_\_\_\_\_ Senior**

**(please check mark age category)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4-H Club/Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4-H Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List types of community service you participated in as an individual. Use additional sheets if needed.

**Project No. Benefited No. Hours Service**

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List three major community service projects you participated in with your 4-H Club.

**Project No. Benefited No. Hours Service**

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Describe in detail your leadership role in the listed projects (if any). Tell what you accomplished, learned from the experience, and how it helped others. Use additional sheets if needed.

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Are you going to do this project again next year? If so, what are you going to do different? What other community service project are you thinking about doing?

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Signature of 4-H Member Date

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Signature of Parent/Guardian Date

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Signature of 4-H Leader/Club Manager Date

**(other than parent/guardian signing above)**

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Signature of 4-H Agent Date