**Gillespie County 4-H Council**

**Officer Candidate Application Form**

Due no later than Friday, May 8th by 5:00pm.

All signatures are required for form to be complete.

**QUALIFICATIONS:** In order to run for a council office, this form must be completed and turned in on time. The minimum age for a county council position is high-school age for the next 4-H year. A person cannot hold the same office more than two years.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_School Grade (Fall 2020)\_\_\_\_\_\_\_\_\_Yrs. In 4-H\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4-H Leadership (list leadership activities and major 4-H offices you have held or now hold)

4-H Projects Participated In (all years)

4-H Community Service Projects

These are the County 4-H offices. Indicate your first, second and third choices ONLY by placing a “1", “2", or “3" in the blank in front of the office. If there are any offices that you do NOT wish to run for, please place an X next to that position or cross it out:

\_\_\_\_\_\_ President \_\_\_\_\_\_\_ 1st Vice President \_\_\_\_\_\_ Secretary

\_\_\_\_\_\_ Reporter \_\_\_\_\_\_\_ District Council Delegate

\_\_\_\_\_\_ Parliamentarian \_\_\_\_\_\_\_ District Council Delegate

Each Council Officer is expected to attend the County Council meetings, District Leadership Lab, Council Officer Training, Club Officer Training, Fun Days, and Officer Planning Meetings. Other activities may be asked of council officers throughout the year. When I am asked to do represent the Gillespie County 4-H Program at any event, I will do so willingly and with respect to all those involved. I will represent the Gillespie County 4-H Program with honor, integrity, and class. If elected, I agree to fulfill my responsibilities to the best of my ability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate’s Signature Date

I understand that if my child is elected, there are certain responsibilities that he/she must participate in and I will help in seeing that they meet those responsibilities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date

***Please do not use additional pages; only use the space provided.***