



Hood River County 4-H Project Superintendent Application Form

Name: _____ Phone: _____

Address: _____ E-mail/Phone: _____

Years as a 4-H Leader: _____ Location (county/state): _____

Club Name: _____

Superintendent position applying for: _____

(Cavy, Rabbit, Cattle, Swine, Goat, Sheep, or Static Exhibits)



Superintendent Selection Procedure

1. Applicant completes and submits this form electronically to liana.harden@oregonstate.edu or as a (printed or written) hard copy to the Hood River County Extension Service.
2. A selection committee from the Hood River County 4-H office and the Leaders Association will review applications for selection and approval based on applicable skills, knowledge, and experience, as well as references and other application responses.
3. The Hood River County 4-H office will notify applicants of application status. *(Timelines are variable based on season.)*
4. Approved applicants will be expected to serve as Apprentice Superintendent under the mentorship of the current Superintendent for one Hood River County Fair before officially assuming the role.



Application Questions

1. Briefly list your skills and knowledge that qualify you to be a 4-H superintendent? And, what are your qualifications specifically in this project area? *(Approximately 300 words or less)*
2. What challenges have you faced that impacted your work with 4-H and how did you overcome them? *(Approximately 300 words)*
3. Describe your strengths and weaknesses when handling stressful situations and when working with youth and adults of varying opinions. *(Approximately 300 words)*
4. If you are unsure of a process or proper protocol; how would handle the situation? And who would you go



Oregon State University
 Extension Service
 Hood River County



to for assistance and why? *(Approximately 300 words)*

5. Please provide two references for this application. *(The selection committee may contact references beyond this list. Please notify us of any concerns you may have.)*

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Signature of applicant: _____ Date: _____

SUBMIT APPLICATION TO:

OSU Extension Service – Hood River County

2990 Experiment Station Drive

Hood River, Oregon 97031

P: 541-386-3343

or

liana.harden@oregonstate.edu

FOR OFFICE USE ONLY

Approval Signature of 4-H Program Coordinator: _____ Date: _____

Approval Signature of current Superintendent: _____ Date: _____