4-H Community Service Form

Leaders, please view this form as an opportunity to provide a safe environment for your members and assist you with the planning process. After you have completed the service, please submit this form to the office so you can be recognized at the Leaders' Association Meeting and in the Update Newsletter.

Club Name	NameDate Submitted		
4-H Leader Name_		Phone	
Address	City	Zip	
Date of Activity	Ending Date if diff	erent	
Description of Con	nmunity Service Activity (what did you a	ecomplish?):	
Where was the acti	ivity held?		
Name and phone n	umber of the person/organization for which	ch you provided service.	
Name	me Phone		
# of 4-H members	participating + # of adults par	ticipating (leaders and parents) =	
# of hours of service	ce X total participants =		
Safety precautions	you used check all that apply:		
☐ first aid kit	☐ utilize "buddy system"	☐ adult supervision at all times	
□ cell phone	☐ written notification to parents, co	omplete with times and place and cell phone #	
☐ emergency pho	ne #'s of participants		
☐ permit from hea	alth department if you are serving food	☐ copies of members' medical release forms	
☐ Other (explain)			
For office use only Date of Leaders' A	ssociation Presentation	Newsletter Date	