

Teen Council Application

UNIVERSITY OF
MARYLAND
EXTENSION
Solutions in your community

*University of Maryland Extension's
4-H Youth Development Program*



Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Mother/Guardian information:

Mother/ Guardian: _____ Mother/Guardian Cell phone: _____

Mother/Guardian e-mail: _____

Address if different than yours: _____

Father/Guardian information:

Father/Guardian: _____ Father/Guardian Cell phone: _____

Father/Guardian e-mail: _____

Address if different than yours: _____

Is there anyone else that needs to receive notification of meeting/events? (include name, e-mail, and address)

Name and phone number of person to contact in case of emergency:

Do you have email and/or text capabilities on your phone? If you would you like to receive meeting notifications via text, please enter your phone number to receive texts: _____

Enter e-mail: _____

List any relevant leadership roles you have had:

List your current 4-H projects:

Explain your interest in working on Teen Council. Why do you wish to be a part of Teen Council?

Signature of Applicant: _____

Signature of County 4-H Faculty/Staff Member: _____

Date: _____

Please mail to:

Dr. Lisa Dennis
University of Maryland Eastern Shore Extension
Office of UMES-UME Administrator & Associate Director
2122 Richard A. Henson Center
Princess Anne, MD 21853