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 ___________________________ Date Submitted __________

4-H Leader Name ________________________ Phone _______________

Address ___________________________ City ____________________ Zip __________

Date of Activity _________________ Ending Date if different _____________

Description of Community Service Activity (what did you accomplish?):

Where was the activity held?

Name and phone number of the person/organization for which you provided service.

Name ___________________________ Phone _______________

# of 4-H members participating _______ + # of adults participating (leaders and parents) _______ = _______

# of hours of service _______ 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, complete with times and place and cell phone #

☐ emergency phone #’s of participants

☐ permit from health department if you are serving food         ☐ copies of members’ medical release forms

☐ Other (explain)

For office use only.
Date of Leaders’ Association Presentation _________________ Newsletter Date ___________

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