

RETURN TO COUNTY OFFICE BY SEPTEMBER 1

County: FRANKLIN

YOUTH SERVICE CONTRIBUTIONS TO THEIR COMMUNITIES

Club Name: _____

Total number of volunteer leaders: _____

Name of Club Leader: _____

Total number of club members: _____

Mailing Address: _____

Type of Group: 4-H club
 or other, specify _____

Include all service projects your club has been involved with during the year August _____ to July _____.

Name of Service Project	Project Purpose/ Description	Number of youth & adults involved (age)					Check Type of Activity						Frequency of Activity*	
		8 & under	9-13	14-18	Adult	Total	Older Adult	Environment	Health	Safety	Power of Youth Campaign	Fund-raising		Other
1.														
2.														
3.														
4.														
5.														
6.														

*Indicate how often this activity occurs during the year: one time, weekly, monthly, bi-monthly, every 3 months, annually, etc.

Percentage of total club members participating in service? _____ %

County Youth Development Programs have and continue to serve their communities in many ways. Please offer your thoughts on the following questions:

1. What are your reasons for doing these projects/activities?

2. What do you see as the benefits for youth and for communities from these activities?

Benefits for youth:

Benefits for community:

Please list up to 3 members / adult volunteers of this group that we might contact if further information is needed.

NAME

PHONE

THANK YOU. Your input will help our total state youth development effort.