

Return by September 15 to:
 4-H Center for Youth Development,
 University of Missouri, 812 Clark Hall, Columbia, MO 65211

County _____

YOUTH SERVICE TO COMMUNITIES

(August 31, 20__ through September 1, 20__)

Club Name _____

* # of volunteer leaders _____ * # of club members _____

Name of Club Leader _____

* All information must be provided in order to calculate club community service seals.

Mailing Address _____

Percentage of total club members participating in service: _____%

Name of Service Project and Purpose/Description	Number of youth & adults involved by age				Check Type of Activity					
	Clover Kids 5-7	8-13	14-18	Leaders	Older Adult	Environment/ Community Improvement	Health/ Safety	4-H Related	Fundraising	Other
1.										
2.										
3.										
4.										
5.										
6.										

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:

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