

MISSOURI STATE 4-H COUNCIL
REFERENCE FORM

*To be included to State 4-H Council Application, or sent to Ms. Megan Kershner (mkershner@missouri.edu) &
Dr. Clay Hurdle (jhurdle@missouri.edu) on or before April 1, 2025.*

*To be completed by **one** 4-H staff or faculty and **one** additional personal or professional reference per applicant.*

Name of Applicant: _____

County: _____ Region: _____

Please check the most appropriate response for each qualification below:

Qualification	Excellent	Good	Fair	Poor	Unsure
Overall leadership skills					
Ability to communicate with others					
Strength in working on a team					
Follow-through in managing tasks					
Ability to promote 4-H effectively					

Do you know of any concerns about this applicant's ability to take on a leadership position on the State 4-H Council? If yes, please explain:

Do you believe the applicant is qualified to serve as a State 4-H Council Member?.

☐

Yes, this applicant is qualified.

☐

No, this applicant has not qualified. Please explain. If unknown, leave blank.

Additional Comments:

Reference Name: _____ Reference Relationship to Applicant: _____

Reference Signature: _____ Date: _____