

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](mailto:mkershner@missouri.edu)) & Dr. Clay Hurdle ([jhurdle@missouri.edu](mailto:jhurdle@missouri.edu)) on or before February 1, 2024 at 5p.m. CST.

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:

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According to the Missouri State 4-H Council By laws, a State 4-H Council Member must currently be enrolled in a Missouri 4-H program.

Yes, this applicant has met the criteria

No, this applicant has not met the criteria. Please explain. If unknown, leave blank.

Additional Comments:

Reference Name: \_\_\_\_\_ Reference Relationship to Applicant: \_\_\_\_\_

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_