

**Adult Volunteer Application Form
New Mexico 4-H Leaders' Association Executive Board**

Application due: Contact County Agent or State 4-H Department for due date.

Mail to: Dr. Jaime Castillo
State 4-H Department, MSC 3AE
P.O. Box 30003
Las Cruces, NM 88003-8003

Name: _____

County: _____

Address: _____

City: _____

Zip Code: _____

Phone: _____

E-mail: _____

Describe your adult leadership involvement roles in 4-H:

List skills and qualities that are your strengths:

Why do you want to be involved in this state 4-H adult leadership position?

-- Complete Second Page ---

If selected, will you commit up to two Saturdays each year for the 4-H Leader Association? YES _____ NO

Applicant Signature

Date

Agent Signature

Date

Extension Staff comments (additional relevant facts):