



# VIRGINIA 4-H ALL STARS

## Adult Nomination Application



### Nominee Information

Full Name (First, Middle Initial, Last) \_\_\_\_\_ Preferred Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Number and Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Nominee Email: \_\_\_\_\_

Nominee Home Phone (including area code): \_\_\_\_\_

Nominee Cell Phone (including area code): \_\_\_\_\_

Gender:

Male                  Female

Unit: \_\_\_\_\_

Chapter:

Agent or Program Assistant Name: \_\_\_\_\_

Agent or Program Assistant Email: \_\_\_\_\_

Agent or Program Assistant Office Phone: \_\_\_\_\_

Agent or Program Assistant Cell Phone: \_\_\_\_\_

Chapter (only check one):

Airfield          Holiday Lake          Jamestown          Northern          Skelton          Southwest

Rating - Each level will check the next level after the review process:

Unit                  Chapter                  State

Years of Service: \_\_\_\_\_

Check here to certify that this candidate has been out of high school for at least 5 years and has a combined service of a minimum of 5 years from Virginia and/or another state with at least 2 of the 5 years being in Virginia.

### Leadership Role in 4-H

**Virginia Cooperative Extension Role - Check all that apply.**

4-H Agent          4-H Program Assistant, Associate, Educator, Etc.  
District Level Support          State Level Support

Administrative Assistant

**4-H Adult Role**

Organizational Leader - provided leadership to the overall organization and operation of a 4-H club.

Project Leader - arranged learning experiences for 4-H members enrolled in a specific project.

Activity Leader - helped 4-H members learn through group activities that were educational or recreational.

Unit Leader - also known as the recruiter or resource volunteer in assisting with organizing new clubs, volunteers, etc.

Unit Financial Supporter- served as a fundraising/financial management coordinator or donor.

Camp Director - served as the 4-H Camp director for any camp provided (day camp, junior camp, specialty camps, etc.)

Other: \_\_\_\_\_ Total Number of Years Served \_\_\_\_\_

**Experience**

What has the nominee done to assist 4-H or All Stars at the CLUB level?

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What has the nominee done to assist 4-H or All Stars at the UNIT level?

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What has the nominee done to assist 4-H at the DISTRICT level or All Stars at the Chapter level?

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What has the nominee done to assist 4-H or All Stars at the STATE level?

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What has the nominee done to assist 4-H at the NATIONAL level?

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How does the nominee relate to 4-H youth members and adult 4-H supporters?

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How has the nominee influenced the future development of 4-H members and/or the local 4-H program?

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What awards or recognition has the nominee received as a result of his/her leadership?

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**Certification**

The undersigned 4-H All Stars have reviewed this 4-H Adult Nomination form and find that the individual meets the standards of the Virginia 4-H All Stars. Therefore, we recommend this nominee for 4- H All Star Adult Membership.

Nominee's Name: \_\_\_\_\_

Initiation Year: \_\_\_\_\_

Unit: \_\_\_\_\_

District: \_\_\_\_\_

4-H All Star Chapter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

## All Star Verification

Please do not sign verification on an incomplete nomination form from unit members. Please make sure that the form is TYPED and ready to be submitted. At least three (3) All Stars must sign below. In the absence of three All Star signatures, attach a statement explaining the foregoing absence. Verification should not be signed by the unit agent or program assistant. **Self-nominations are not accepted.**

Printed All Star Name: \_\_\_\_\_

All Star Signature, Unit and Year Tapped as an All Star:

\_\_\_\_\_

Printed All Star Name: \_\_\_\_\_

All Star Signature, Unit and Year Tapped as an All Star:

\_\_\_\_\_

Printed All Star Name: \_\_\_\_\_

All Star Signature, Unit and Year Tapped as an All Star:

\_\_\_\_\_

With the information available to me concerning this 4-H nominee, I have reviewed the form and believe it to be accurate with all information. (Note: if nominee is the unit agent or program assistant, VCE colleague should provide this verification.)

Unit 4-H Agent or Program Assistant Listed Above Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Items below are to be completed by the Chapter and State 4-H All Star Review Committee:

### Membership Committee Chair Approvals:

Chapter Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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