District III 4-H Council
Candidate’s Qualifying Form

Date: ________________
Name: _________________________ County: _________________ Birth Date: ____________
Address: ______________________________ City: ____________ State: ____ Zip: ______
Phone: _______________________________ E-mail Address: ____________________________

Name of School/Grade for coming year: ______________________________________________
Number of years in 4-H: ____________

Which office do you plan to seek? (Circle one)
President   Vice-President   Secretary   Treasurer
                    Reporter/Historian   Parliamentarian   Sergeant-at-Arms

Candidate’s Statement
I understand the role and responsibilities of the office I wish to hold and am willing to carry out its
duties no matter what other office I may hold during the coming year.

________________________________
Candidate’s Signature

Parent’s Consent and Approval Statement
I give my consent and approval for my child to be a district council officer candidate for the position
selected above. If my child is elected to this office, I am willing to support her/him in carrying out the
roles and responsibilities of the office. I understand that it is important for my child to attend council
meetings and other district 4-H activities and I will provide the necessary support in getting him/her
there.

________________________________
Parent/Guardian’s Signature

Agent’s Consent and Approval Statement
I give consent and approval to the above 4-H member to be a district council officer candidate based
on their active and dependable county involvement. If he/she is elected I am willing to support this
candidate.

________________________________
County Extension Agents Signature

4-H is a program of the Florida Cooperative Extension Service/IFAS, and is open to all individuals, ages five to eighteen,
regardless of race, gender, national origin, handicap, or religion.  
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