



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?

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

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

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

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

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

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

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

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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