## I CAN MAKE A DIFFERENCE AWARD CRITERIA AND APPLICATION

The purpose of this award is to encourage individual 4-Hers to *participate* in projects and activities that benefit their community

Award requirements - **Individual** youth must complete a specified number of volunteer hours at any non 4-H, not for profit organizations or agencies. Examples include nursing homes, hospitals or social service agencies. Clovers (7 and 8 year olds) must volunteer 4 hours; juniors (9-12 years) must volunteer 8 hours; and seniors (13-19 years) must volunteer 15 hours. Youth can volunteer in as many places as they want, as long as they end the year with the specified number of hours. Be sure to have your volunteer supervisor sign the form each time you volunteer. Youth must make a short presentation about their volunteer experience to their club. The I Can Make a Difference award form must be completed and received in the 4-H office by May 1.

Hours must be completed from May 1 - April 30.

Activities that will not count toward this award include: activities done for family members, community service projects done as club projects, volunteering at various 4-H events or group projects at Eastern States. Please call the 4-H office if you are unsure if your activity is appropriate.

Who can apply? Any youth completing the requirements. Please note, on the application, the actual supervisor must sign for hours volunteered.

Type of award - individual award, large rosette ribbon will be given to recipients during our annual Recognition Night.

## I CAN MAKE A DIFFERENCE AWARD APPLICATION Due May 1

Name\_\_\_\_\_\_Telephone\_\_\_\_\_

Address_		City		_Zip
Club Nam	ne Independe	nt member [] A	ge of as Jan	uary 1 Birthdate
Clovers	eck appropriate division: (7 and 8 year olds),Juniors (9-12 must volunteer 4 hours; Juniors must vol	years),Sei lunteer 8 hours; Se	niors ( 13-19 eniors must	9 years) volunteer 15 hours.)
Please No		individuals or not-	for-profit g	roups. Please read award criteria for specif
	Person superv	vising the activity	must sign	the form.
DATE	DESCRIBE YOUR VOLUNTEER A What did you do? Where did you vo		HOURS	SUPERVISOR'S SIGNATURE/ NAME OF PLACE
	TOTAL HOURS			
What die	d you learn about yourself by volun	nteering in vour	communi	ity?
				•
I certify to		e appropriate nu	mber of ho	ours and has shared their experience with
Leader/adult signature Date				