

## **VOLUNTEER POSITION DESCRIPTION**

Kentucky 4-H/Youth Development Program  
The University of Kentucky Cooperative Extension Service  
The University of Kentucky College of Agriculture

## **POSITION TITLE:**

4-H School Club Teen Leader

## **TIME REQUIRED:**

1 hour per month in a classroom from Sept. through May; 1-2 hrs. in a Leader Training Program at the Extension office to prepare you to present the club program.

## **LOCATION:**

Training at the Menifee County Extension office; School clubs located at Botts Elementary- grades 4th and 5th; and Menifee County elementary grades 4th, 5th, and 6th.

## **GENERAL PURPOSE:**

Train youth to become club officers; assist youth in conducting their club meeting; contact between the County Extension office and local schools; provide or secure meaningful education program at the club meetings; inform students of other 4-H programs and opportunities.

## **SPECIFIC RESPONSIBILITIES:**

- Train youth to become club officers
- Assist youth in conducting club meetings
- Provide educational program 20-30 minutes of each club meeting
- Teach youth the 4-H pledge
- Teach youth American pledge
- Attend Leader training at the Extension office
- Keep school official and teacher informed of programs
- Give praise and awards as deemed necessary
- Complete sign in sheet and surveys and information needed by Agent for reporting



## QUALIFICATIONS:

- Must undergo the Kentucky 4-H volunteer application and screening process and be accepted as a volunteer by the Youth Protection/Risk Management Committee
- Must have transportation to and from school leader training
- The ability to organize, communicate both verbally and in writing
- Be able to motivate youth
- Willingness to learn the Extension 4-H philosophy
- Ability to work with minimum supervision

## BENEFITS:

- Satisfaction knowing you have helped youth to grow
- Opportunity to develop life-long relationships

## SALARY:

Unsalaries; volunteer. This position does not imply employment with the University of Kentucky

## MENTOR/SUPERVISING PROFESSIONAL:

4-H Extension Agent

NAME:

ADDRESS

CITY, STATE, ZIP:

PHONE:

FAX:

E-MAIL:

*"I have read, understand and agree to fulfill the purpose and responsibilities of this volunteer position and further agree to accept guidance and direction from the supervisor. I am committing to involve individuals regardless of race, color, age, sex, religion, disability or national origin in educational experiences in cooperation with other Extension volunteers and Extension personnel. I also understand that failure to fulfill the purpose and responsibilities of the volunteer position and to accept guidance and direction from the supervisor could result in suspension of my position. I also understand that this volunteer position is renewable annually; I will notify the supervising professional if I am no longer interested in serving."*

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Signature of Volunteer

Date

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Signature of Extension Professional

Date