

## **VOLUNTEER POSITION DESCRIPTION**

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

## **POSITION TITLE:**

4-H Council Budget Committee

## **TIME REQUIRED / DURATION OF APPOINTMENT:**

- One hour per month
- September 1- August 31

## **LOCATION:**

Extension Office or at home

## **GENERAL PURPOSE:**

To review monthly 4-H Council income and expenses. To approve non-budgeted expenses. To review the annual budget and make recommendations on projected spending for the new year.

## **SPECIFIC RESPONSIBILITIES:**

- Attend orientation
- Committee member
- Review monthly and current year budget to track spending and income activity
- Survey 4-H agents, club volunteers and project leaders for budget projections/needs
- Create a budget proposal report for the August or September 4-H Council meeting

## **QUALIFICATIONS:**

- Must complete the Kentucky 4-H Volunteer Application processes and be approved by the Youth Protection/Risk Management Committee
- Provide own transportation to meetings and activities
- Self-starter: must be able to work with minimal supervision from professional staff
- Effective communication skills
- A sincere interest in working with Extension staff, volunteers, parents and youth

## **BENEFITS:**

- The opportunity to work with youth and or adults providing positive support and growth experiences
- Receive intrinsic and extrinsic rewards at volunteer recognition events
- Volunteer development opportunities
- Opportunity to share your skills, talents and interests
- Orientation provided by Extension staff
- Organizational skills; ability to organize information and materials in a timely matter

- The opportunity to make a difference in the life of a child
- Increased self worth by giving back to the community
- Research shows that volunteering promotes better health

**SALARY:**

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

**MENTOR / SUPERVISING PROFESSIONAL:**

Name:  
 Title:  
 Address:  
 City, State, Zip:  
 Phone:  
 Fax:  
 Email:

*“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

**Cooperative Extension Service**

Agriculture and Natural Resources  
 Family and Consumer Sciences  
 4-H Youth Development  
 Community and Economic Development

**MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT**

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Disabilities accommodated with prior notification.