

# 4-H COUNCIL REIMBURSEMENT REQUEST 2021-2022

PARTICIPANT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Date of Event(s) \_\_\_\_\_

## AGE CATEGORY: (As of August 31, 2020)

Junior (8,9,10)       Intermediate (11,12,13)       Senior (14 & Above)       Adult Volunteer (19 & Above)

## PARTICIPATED IN: (Must attach all entry fee receipts)

DISTRICT 10 4-H CONTEST       STATE 4-H ROUNDUP/other State Contests       MASTER VOLUNTEER TRAINING  
Event: \_\_\_\_\_      Event: \_\_\_\_\_       ADULT VOLUNTEER  
Event: \_\_\_\_\_      # How Many Nights Did You Stay \_\_\_\_\_      CERTIFICATION TRAINING  
Event: \_\_\_\_\_      Event: \_\_\_\_\_  
 STATE 4-H RECORDBOOK       DISTRICT LEADERSHIP LAB

## DISTRICT LEADERSHIP LAB INFORMATION: (must be completed before reimbursement can be considered)

1) Are you currently a county council delegate? (i.e: Club President, 1st Vice President, or Council Delegate)    Y    N

If Yes: 4-H Club \_\_\_\_\_      Current Office \_\_\_\_\_

If No: 4-H Club \_\_\_\_\_      Office Pursuing \_\_\_\_\_

## ADULT VOLUNTEER CERTIFICATION TRAINING INFORMATION: (must be completed before reimbursement can be considered)

1) Have you completed the required 50+ hours of volunteer "trained" services to 4-H youth members?    Y    N

If Yes: Briefly explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you feel the training helped you to effectively educate 4-H youth members? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FINANCE TASK FORCE COMMITTEE DECISION - Due to the 4-H Council Budget Reimbursement Policy, we:

APPROVED YOUR REIMBURSEMENT REQUEST FOR A TOTAL OF \$ \_\_\_\_\_.

DENIED YOUR REIMBURSEMENT REQUEST FOR \$ \_\_\_\_\_. DUE TO \_\_\_\_\_

I certify that the above named participant's request has been reviewed, discussed and voted on the Medina County 4-H Finance Committee with respect to the current reimbursement policy.

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

DATE: \_\_\_\_\_