



## **Volunteer Service Description**

# Title: 4-H Club Activity Leader

### PURPOSE:

Contributes to the success of the 4-H Club by assisting and advising 4-H members through group activities. Activities may include community service, fundraisers or social activities such as club kick off or end of year celebrations.

#### **DUTIES AND RESPONSIBILITIES:**

## To organize and support 4-H activities by:

- Involving members and parents in setting goals and planning the yearly program of activities
- Providing guidance and direction to junior leaders and/or youth committee members
- Arranging for location, program materials, equipment, and publicity to carry out the activities
- Keeping members, volunteers, and families informed of activities
- Helping members evaluate their learning through activities
- Keeping members informed of related unit, regional, and state activities

# To work with other volunteers in meeting club goals and to keep the entire club informed of activities by:

- Communicating regularly with other volunteers
- Assisting in identifying, locating and obtaining community resources
- Assisting with unit, regional, and state activities as they related to the activities of the club

#### **QUALIFICATIONS**

- Willingness to work as a team member.
- Complete a Florida 4-H Volunteer packet
- Complete the Office of Youth Conferencing online training annually
- Complete and sign the Volunteer Application, Adult Agreement, and Confidentiality Agreement.
- Knowledge of the Cooperative Extension Service and the 4-H Program, or a willingness to learn.
- Interest in helping youth.
- Interest in 4-H educational programs.
- Ability to organize and coordinate.
- Ability to communicate with youth and adults.

<ul> <li>Orientation</li> <li>Training</li> <li>Support from 4-H Agent and other volunteers</li> </ul>
BENEFITS
<ul> <li>Expenses incurred and miles driven are tax deductible.</li> <li>Liability and workman's compensation insurance provided by the University of Florida.</li> <li>Recognition from others in your community.</li> <li>Helping in the positive development of the youth of the county.</li> </ul>
TIME COMMITMENT
Varies by activity.
MENTOR / SUPERVISING PROFESSIONAL
Name: Address:
City, State Zip
Phone

**RESOURCES AVAILABLE** 

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4-H Agent Signature \ Date

Volunteer Signature \ Date