



Volunteer Service Description	
Title: 4-H County Association Chair	
PURPOSE:	
<p>Contributes to the success of the county 4-H Youth Development program by chairing County Association Meetings. Provides input into the setting of program priorities and assists with program expansion and review.</p>	
DUTIES AND RESPONSIBILITIES:	
<ul style="list-style-type: none"> • Preside over business meetings of the Association. • Ensures that all business is conducted fairly and in the best interest of the county 4-H program, in accordance with 4-H and Extension policies. • The chairperson shall serve as representative of the Association. • The chairperson shall appoint committees and committee chairs. • The chairperson serves as an ex-officio member of all committees except the Nominating Committee. • Other duties applicable to the office as prescribed by the parliamentary authority adopted by the Association. 	
QUALIFICATIONS	
<ul style="list-style-type: none"> • Complete and sign the Volunteer Application, Adult Agreement, and Confidentiality Agreement. • Willing to work as a team member. • Knowledge of the Cooperative Extension Service and the 4-H Program, or a willingness to learn. • Knowledge of the County 4-H Program. • Demonstrates ability to think critically. • Demonstrates ability to solve problems. • Demonstrates ability to communicate effectively. (writing, speaking, listening) • Demonstrates ability to make decisions. • Demonstrates empathy for others. • Demonstrates ability to plan and set goals. 	
RESOURCES AVAILABLE	
<ul style="list-style-type: none"> • Orientation • Training • Support from 4-H Agent and other volunteers 	

BENEFITS
<ul style="list-style-type: none"> • Expenses incurred and miles driven are tax deductible. • Liability and workman's compensation insurance provided by the University of Florida. • Recognition from others in your community. • Helping in the positive development of the youth of the county.
TIME COMMITMENT
Quarterly Meetings (usually 1-2 hours in length)
MENTOR / SUPERVISING PROFESSIONAL
Name: Address: City, State Zip Phone

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Volunteer Signature \ Date	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> 4-H Agent Signature \ Date
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