

STAC

NJ STATE TEEN “ACTION” COUNCIL

Criteria for joining:

- Currently in grade 9 – 12
- Completed two years of 4-H and presently a member in good standing
- Excellent Public Speaking skills based on participation at club, county and state level
- Worked in partnership with adults at the club/county level to implement projects or programs
- Community Service involvement
- Outstanding Leadership skills

Benefits for joining:

An opportunity to...

1. become a 4-H State Teen Leader
2. be a positive role model for younger teens
3. learn and share with teens around the state
4. speak on behalf of the NJ 4-H Youth Development Program
5. take action through statewide service projects
6. be an applicant for state and national positions as they occur

Member Responsibilities:

~ NJ 4-H Youth who apply to become a member of STAC (State Teen Action Council) must have a desire to be an advocate for the NJ 4-H Youth Development Program and a willingness to share their talents and skills with other youth.

~ Members must commit to attend training throughout the year to enhance their leadership and speaking skills.

~ STAC members will plan and implement an annual statewide, one day “Middleschool” conference in May and help at the Teen Leadership Camp in August

~ Members will fundraise during RU Day in order to offer scholarships for STAC members to attend events.

~ STAC members will become a part of planning teams for SJTC or NJTC – regional teen conferences as well as any statewide Teen conferences.

~ Members will have opportunities to speak at state venues such as the State House, State Agricultural Convention and the State Grange Conferences or at National events.

~ Service learning will be an integral part of the group, with ideas generated from the members for yearly projects.



Date of receipt _____
(for state 4-H office)

4-H State Teen ACTION Council

Statement of Commitment

I, _____ a selected _____ County representative for STAC, understand that by signing this form I commit myself to a one-year term (September to August) and agree to make every attempt to attend all STAC meetings, to be an active participant and adhere to the mission of the NJ 4-H State Teen ACTION Council. I will share what I have learned with other 4-H members, leaders and community agencies in my county.

Active member in County program for _____ years. Current Grade _____
Email _____

Briefly list leadership experiences:

List Public Speaking with level (CL - club, CO - county, ST - state):

Community Service Involvement:

Youth and Adult Partnerships:

Over...

4-H State Teen ACTION Council cont...

Signature of representative: _____ Date _____

Leader Recommendation Statement: _____

Signature of 4-H Leader: _____

Signature of Parent: _____

Staff Recommendation Statement:

Signature of County 4-H Agent/Program Associate: _____

Date: _____

PLEASE RETURN TO:

Macy Compton, State 4-H Program Coordinator, 4-H Youth Development,
88 Lipman Drive, 329 Martin Hall, New Brunswick, NJ, 08901

Thank you!



NJ AGRICULTURAL EXPERIMENT STATION
RUTGERS
COOPERATIVE RESEARCH & EXTENSION
DEPARTMENT OF 4-H YOUTH DEVELOPMENT

New Jersey 4-H Club Member Registration Form



FOR OFFICE USE ONLY:

Received in County Office _____ Entered into data base (membership official) _____ Welcome Sent _____

Please complete this form and return it to your county 4-H office.

Today's date: _____ 4-H County: _____ Current 4-H Member: (Check one) Yes No

What type of 4-H member are you? (Check one) 4-H Prep, grades 1 – 3 4-H Member, grades 4 – 13

First Name: _____ Middle Initial: _____ Last Name: _____

Street or P.O. Box: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Town or township where you live? (if different from mailing address): _____

Do you live on a farm? (Check one) Yes No Are you: (Check one) Female (or) Male

School: _____ Current Grade: _____ Birth date: _____

E-Mail Address: _____ Phone Number: (_____) _____

List any health concerns/allergy/disability: _____

What is your race? (This is optional and for government reporting purposes only)

Check one:

- Hispanic
- Non-Hispanic

Check all that apply:

- White Black Am. Indian/Alaska Native
- Asian Hawaiian/Pac. Island

Check if you wish to be identified as a military family: (Check one) Yes No

4-H Club and Project Information

How many years have you been a 4-H member (including this 4-H year which started in September): _____ year(s)

Name of 4-H club you are registering for: _____

Name of 4-H leader(s): _____

How did you find out about 4-H? _____

Please list each project area in this club you are involved in. (For example: dog, foods, citizenship, leadership, etc.)

Project: _____ Total Years in project (including current year) _____

Project: _____ Total Years in project (including current year) _____

Project: _____ Total Years in project (including current year) _____

(If you have more projects than fit on this page, please list them on a separate piece of paper and send with this form.)

**RUTGERS COOPERATIVE RESEARCH & EXTENSION
N.J. AGRICULTURAL EXPERIMENT STATION
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
NEW BRUNSWICK**

Distributed in cooperation with U.S. Department of Agriculture in furtherance of the Acts of Congress on May 8 and June 30, 1914. Rutgers Cooperative Research & Extension works in agriculture, family and community health sciences, and 4-H youth development. Dr. Karyn Malinowski, Director of Extension. Rutgers Cooperative Research & Extension provides information and educational services to all people without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Rutgers Cooperative Research & Extension is an Equal Opportunity Program Provider and Employer.

Parent/Guardian Information

Primary Care Giver

First Name: _____

Last Name: _____

Street/PO Box: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Fax Number: (____) _____

Please use the work number only for emergency.

Work Phone Number: _____

Cell Phone or beeper: _____

Occupation: (Optional): _____

E-mail address (if different than child's):

Secondary Care Giver

First Name: _____

Last Name: _____

Street/PO Box: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Fax Number: (____) _____

Please use the work number only for emergency.

Work Phone Number: _____

Cell Phone or beeper: _____

Occupation: (Optional): _____

E-mail address (if different than child's):

New Jersey 4-H Media Policy and Release - The 4-H program routinely promotes activities through various media. This includes, but is not limited to, newsletters, brochures and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is, on websites, youth in photos will not be identified by name(s).

- No, do not use my individual picture for any purpose. I will make an effort to avoid opportunities to be in group photos.**
- No, do not use my name for any purpose.**

Signatures

(Be sure to have member, parent/guardian, and leader sign before returning this form.)

We believe all the above information is complete and correct.

Member's Signature: _____ Date: _____

As a parent/guardian of the above-named 4-H member, I agree to support my child's participation in the 4-H program and abide by the policies, procedures and standards of behavior set forth by the 4-H Youth Development Department. *Your child is not a member until he/she is officially registered in the County 4-H office. Upon receiving this form from you, the 4-H office will review it for accuracy and send you a written letter of confirmation for your records. If you do not receive such notice within two weeks, contact the 4-H office and request information on your child's membership status.*

Parent/Guardian signature: _____ Date: _____

Leader signature: _____ Date: _____

Please return this completed form immediately to your county 4-H office.

From: _____

Place Stamp Here

Directions to Middlesex County 4-H:

Middlesex 4-H Program Building (Log Cabin)

645 Cranbury Rd., New Brunswick, 08816

at Cranbury and Fern Roads in East Brunswick

Route 18 into East Brunswick, follow the directions for Cranbury onto Cranbury Road (Rt. 535), pass East Brunswick High School on the left, keep left at the fork, and continue on Cranbury Road for about three miles to the 4-H center on the right.

From Old Bridge - Take Route 18 west toward New Brunswick, pass the Colonial Diner and head toward Cranbury over the Route 18 overpass and proceed past the high school and bear left at the fork, as above.

Route from north county (this is the least congested route), take Exit 8A on the New Jersey Turnpike to Route 32. Turn right on 535 North directly to facility entrance (5 miles).



STAC



NJ State Teen "ACTION" Council

SUNDAY - OCTOBER 18, 2009

1:00 p.m. - 3:30 p.m.

**Middlesex County 4-H Program Bldg.
All chosen county delegates, grades 9 - 12, should attend!
Ask your county 4-H agent/associate for an application**

**Business Meeting... Event Planning...
Snacks...and more!!**

Agenda Items:

- * Election of new officers
- * Planning for 2009-2010
- * National 4-H Week

See you on October 18th!

Directions attached

RSVP to:

**Macy Compton, State 4-H Office, 732-932-5000, ext 598
or Laura Bovitz, Middlesex County 4-H, 732-398-5261**