


AFTER HOURS 4-H PROJECT CLUB LEADER

VOLUNTEER POSITION DESCRIPTION

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

POSITION TITLE:

After Hours Project Club Leader

TIME REQUIRED:

Twice monthly/September-May. One to two hours preparation and an hour-long club meeting twice monthly. Appointment durations: one-year – renewable.

LOCATION:

Cooperative Extension Service Office for orientation
Cooperative Extension Service Office and other sites for project introductions

GENERAL PURPOSE:

- + Serve as coordinator to introduce 4-H projects
- + Work with 4-H professional to disseminate information to members about the wide variety of opportunities available through 4-H programs

SPECIFIC RESPONSIBILITIES:

- + Commitment to 4-H program
- + Commitment to youth development
- + Encourage 4-H members, and their parents as well, to step outside their current interests to try a variety of projects
- + Arrange two meetings each month where youth are introduced to a new project area
- + Arrange for speakers, demonstrations and field trips
- + Be receptive to new ideas outside the current project areas
- + Be sure paperwork needed by 4-H professional is completed in a timely manner
- + Abide by and enforce all policies and regulations of UK CES, Kentucky 4-H program and Lyon County 4-H program

QUALIFICATIONS:

- + Must complete the Kentucky 4-H Volunteer Application process and be approved by the Youth Protection/Risk Management Committee
- + Must provide personal transportation
- + Must have an interest in developing youth
- + Ability to motivate, build self-esteem, and engage youth
- + Ability to work without close supervision
- + Belief in the 4-H program and its mission

BENEFITS:

- + The opportunity to make a life-altering impact on youth
- + The opportunity to develop communication and leadership skills
- + The opportunity for ongoing learning

SALARY:

Unsalared; Volunteer.

MENTOR/SUPERVISING PROFESSIONAL

4-H/Youth Development Extension Agent

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

FAX:

E-MAIL:

Volunteer's Signature _____

Date_____

Agent's Signature_____

Date_____