



**ADAMS COUNTY 4-H**  
**“CARE TO SHARE FORM”**

This form has been designed to help provide the Adams County 4-H program with valuable input. Once completed, this form will be distributed to the appropriate committee, project, individual, etc.

**Forms without all three sections and signature complete will be disregarded.**

**Section #1: Describe the facts of the 4-H happening: who, what, where & when**

**Section #2: What’s on your mind? Describe your experience or circumstance.**



**Section #3: Give your suggestions for a possible solution if one is needed. Or would you like to commend someone or a program/group.**

**Please Print:**

Name of person completing form: \_\_\_\_\_

Address of person completing forms: \_\_\_\_\_

Phone number of person completing form: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**Please return competed forms to:**

**UW Extension**

**4-H Youth Development "Care to Share"**

**569 North Cedar Street, Suite #3**

**Adams, WI 53910**

Adapted by Jennifer Swensen, 4-H Youth Development Educator, March 2011  
Developed by Kenosha County UW-Extension