



2019 National 4-H Congress Acceptance and Leadership Applications

Delegates:

Save to your computer the 2019 National 4-H Congress Acceptance and Leadership Application Forms from <http://fyi.uwex.edu/wi4hedopp/national-4-h-congress/>. Please type or print legibly in BLACK ink; incomplete forms will be returned unprocessed for completion!

- August 1** **Postmark Deadline for Acceptance and Other Forms**
Registration is NOT complete until the State 4-H Office Receives all of Your Forms
- Nov. 1-7** **Complete National Congress Health Form and Mail/Fax it to State 4-H Office**



Extension
UNIVERSITY OF WISCONSIN-MADISON



UW Madison Division of Extension
130 Pyle Center
702 Langdon Street
Madison, WI 53706
608-263-5971
608-265-6407 (fax)
711 for Wisconsin Relay
<https://4h.extension.wisc.edu/>



Extension
UNIVERSITY OF WISCONSIN-MADISON



TO: 2019 National 4-H Congress Delegates

FROM: Amber Rehberg, Educational Programs Specialist

DATE: July 17, 2019

RE: 2019 National 4-H Congress

Congratulations on being selected to represent Wisconsin 4-H at the 2019 National 4-H Congress in Atlanta, Georgia to be held November 29-December 3, 2019. We just received registration information from the National 4-H Congress Planning Committee and we are excited to be sharing it with you!

Registration is a **two-step process**: you already registered in 4HOnline and now we need you to read this mailing carefully, complete the acceptance and other forms and return them to our office.

Please return your completed Acceptance, Code of Conduct, and other forms postmarked no later than Thursday, August 1, 2019 (later than previously announced) to the WI 4-H State Office. Before you accept or refuse to participate in this program, there are some items you need to consider. An Acceptance Form and Code of Conduct are enclosed as well as forms for applying for leadership positions at National Congress, including Youth Leadership Team and Congress Teen Entertainer. **All of these materials are time sensitive!** You must be prompt in returning them in order to qualify for these national positions. Also included is a form for ordering a flash drive with photos from National Congress. The August 1 date is important because we must reserve space for you in Atlanta and forward selected national position applications at that time.

We will be holding a National 4-H Congress Orientation Zoom on Tuesday, October 22 from 7:30-9 p.m. An agenda and connection information will be sent via email prior to the call. Please mark your calendar now and plan on participating!

Reminder of the Cancellation Policy: The last date/time to cancel without financial penalty is by 4:30 p.m. CT Aug. 1. If you cancel between Aug. 2-Oct. 31, you may be responsible for airfare and program related fees equaling approximately \$400 - \$550. For cancellations after 4:30 p.m. CT Oct. 31, you will be responsible for the entire program cost. All cancellations must be sent **in writing (by e-mail, fax, or regular mail)** to the State 4-H Office and must be received by date and time listed above.

Health Form: National 4-H Congress has their own health form you must complete and mail or fax to the State Office AFTER November 1st. You may send one copy in; we will make a copy to turn in at registration.

For more information, visit <http://fyi.uwex.edu/wi4hedopp/national-4-h-congress/>. You can also join the National Congress Facebook page for more information: <https://www.facebook.com/National4HCongress/> If you have questions about National 4-H Congress, please call us at (608) 262-1557 or (608) 263-5971 or e-mail Justin Lieck at justin.lieck@wisc.edu or Amber Rehberg at amber.rehberg@wisc.edu.

Enc: Delegate Acceptance Form
Code of Conduct Form
Optional Entertainer Application (1 page)
Optional Youth Leadership Applications (3 pages, includes recommendation form)
2019 National Congress Picture Flash Drive Order Form
2019 National Congress Health form

PLEASE Complete the Health Form BETWEEN Nov. 1-7, 2019!

2019 NATIONAL 4-H CONGRESS
Wisconsin 4-H Delegate Acceptance Form

_____ **I DO NOT ACCEPT** this position as Wisconsin Delegate for the 2019 National 4-H Congress. (Please also notify your county 4-H staff member so this position may be offered to an alternate delegate). Reason for not accepting this status:

_____ **I ACCEPT** this position as delegate for the 2019 National 4-H Congress and certify that I meet the below qualifications:

- _____ Did not pass my 19th birthday before January 1, 2019, and am presently enrolled in 4-H.
- _____ I will be an outstanding representative of Wisconsin and 4-H.
- _____ I am committed to freeing up the time to participate.
- _____ I will make arrangements to meet my financial responsibilities (approximately \$1,200).
- _____ I understand that if I withdraw after August 1, 2019, I will be responsible for the cost for my airline ticket (approximately \$400 - 550), and that if I withdraw after the final cancellation date of October 31, 2019, I will be responsible for payment of the entire program fee (approximately \$1,200)
- _____ I understand that I must maintain my county's approval of my participation through the time of the experience.

To the best of my knowledge, the above information is accurate and complete.

County (please type) _____

Name (please type) _____

Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

MUST BE POSTMARKED BY AUGUST 1.
MAIL TO WI 4-H EDUCATIONAL PROGRAMS, 130 PYLE CENTER, 702 LANGDON ST, MADISON WI 53706
OR SCAN/E-MAIL COMPLETED FORM TO JUSTIN.LIECK@WISC.EDU



“Go Beyond”

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CODE OF CONDUCT ACCEPTANCE FORM

BRING TWO COPIES PER DELEGATE AND CHAPERONE

Name of Delegate: _____
LAST FIRST MIDDLE

State _____

I hereby agree to attend “Go Beyond”, The National 4-H Congress as a delegate. I will participate fully in all sessions and abide by the established rules. I realize I represent my state and 4-H and will do my best to do so well.

SPECIFIC RULES INCLUDE:

- Quiet time is to be observed in sleeping room areas from 11:30 p.m. to 7:00 a.m. 4-H delegates are to be in their own rooms or in a state suite or meeting room during these hours. During other hours, sleeping rooms are for sleeping only and youth are not allowed in other’s rooms.
- The use of alcohol, tobacco, or illegal drugs is not permitted during Congress.
- 4-H delegates shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- Delegates are responsible for attending all National 4-H Congress activities. Any unauthorized absence from the Congress premises is not permitted.
- 4-H delegates shall be considerate of other hotel guests who are not part of National 4-H Congress.
- 4-H delegates should have respect and courtesy for programs and speakers in progress by remaining for the entire program and show courtesy when taking flash photos during speeches and entertainment.
- 4-H delegates will be respectful of all speakers and presenters and will not be using cellular phones or PDA’s for conversations or texting.
- 4-H delegates acknowledge that any, and all, adults have authority to serve and act in the role of chaperone during the event.
- 4-H delegates will behave with maturity and respect at dances. This includes the manner of dancing and respect for others.
- 4-H delegates cannot go out on hotel balconies.

WRITTEN NOTICE OF PASSIVE CONSENT

As a participant in National 4-H Congress your son or daughter may be asked to help with the evaluation of the program. At the end of each National 4-H Congress we conduct an evaluation to tell us how well the program is working. Your son or daughter may be asked to complete a written survey about what he or she may have learned from participating in the program. Youth are not required to participate in the evaluation. If your young person decides that he or she does not wish to participate, it will not affect his or her participation in National 4-H Congress. The survey responses will be anonymous, and your son or daughter’s responses will not be identified in any way.

During National 4-H Congress official videos and photos will be made for use in publicity and the National 4-H Congress Picture Flash Drives. If you do not want your son or daughter to participate in the evaluation or to be included in videos, photos, and other publicity of National 4-H Congress please notify Susan Stewart, Executive Director of National 4-H Congress, PO Box 367, Alpharetta, GA 30009, before your young person begins attending the program. Notification must be in writing.

If I break this agreement or my conduct is not satisfactory to my state’s chaperones, I understand that I can be sent home early and will be responsible for paying the plane/bus fare of approximately \$_____. I also may be asked to return all funds expended upon my behalf during Congress. I understand that I may not be eligible to participate in future 4-H activities.

Participant’s Address _____ Parent’s/Guardian’s Address _____

Parent’s/Guardian’s Phone Number
Day _____
Night _____

PARTICIPANT’S SIGNATURE

PARENT’S/GUARDIAN’S SIGNATURE

Date

Date

**MUST BE POSTMARKED BY AUGUST 1
MAIL TO WI 4-H EDUCATIONAL PROGRAMS, 130 PYLE CENTER, 702 LANGDON ST, MADISON WI 53706
OR SCAN/E-MAIL COMPLETED FORM TO JUSTIN.LIECK@WISC.EDU**

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FORM MUST BE TYPED

CONGRESS TEEN ENTERTAINER

RETURN BY: August 1, 2019

RETURN TO:

WI 4-H Educational Programs 130 Pyle Center 702 Langdon St Madison, WI 53706

- NOTES:**
- Form must be accompanied by a photo and video or web link to your YouTube audition video.
 - Please make sure your audition is on a CD, DVD, or Flash Drive (.mov or .mpg) that is viewable in any computer or video player. Flash Drive/CD/DVD’s must be labeled clearly with your name, state, and type of audition. Or, you can post an **unlisted** video on YouTube. Unlisted videos must be shared with your State office by sending them a link by email. **YouTube video must be posted by September 15, 2019 and must remain posted until November 15, 2019.** (Crackle.com postings are not acceptable)
 - Auditions must include more than one number and should not exceed 5 minutes.
 - Solo acts should be submitted as solo performances; not as part of a group performance
 - Each state may nominate two acts.
 - No media will be returned.

APPLICANT INFORMATION	
Name: _____	Age on January 1, 2019 _____
Address: _____	
City/State/Zip: _____	Video on: DVD <input type="checkbox"/> YouTube <input type="checkbox"/> Other <input type="checkbox"/>
Phone: _____	After you have received state office approval, e-mail your YouTube link to: ged@sstewartmeetings.com
E-mail: _____	
TYPE OF TALENT (Check one)	TALENT INFORMATION:
Instrumental: _____	Number of 4-H members in your group: _____
Vocal: _____	List performance number on accompanying videos: _____
Dance: _____	Equipment needed if selected for presentation: _____
Dramatic: _____	
Other: _____	
Describe your entertainment performance:	

Approved by State 4-H Leader or Staff _____

NOTIFICATION OF ACCEPTANCE WILL BE MADE VIA E-MAIL AND ON FACEBOOK ON Wednesday, October 24th.

“Go Beyond”

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**FORM MUST BE
TYPED**

YOUTH LEADERSHIP TEAM APPLICATIONS

STATE DEADLINE: August 1, 2019

RETURN TO:

WI 4-H Educational Programs 130 Pyle Center 702 Langdon St Madison, WI 53706

- INSTRUCTIONS:**
- Each state may nominate three 4-H delegates to serve as members of the 4-H Congress Youth Leadership Team.
 - Application must include two (2) Recommendation Forms, one completed by an Extension Agent/Faculty staff member, and one by a 4-H volunteer, leader, or community leader.
 - Application must include a DVD, flash drive (.mov or .mpg), or the applicant can post an **unlisted** video on YouTube. Unlisted videos must be shared with your State office by sending them a link. **YouTube video must be posted by September 15, 2019 and must remain posted until November 15, 2019.** (Crackle.com postings are not acceptable.)
 - Video should not exceed 5 minutes and must include three components: (1) Speaking off the written script, (2) a brief biography of the applicant telling about themselves, their family, personal interests, and (3) a brief speech on what the National 4-H Congress theme of “Be True, Be You” means to the applicant as a 4-H member and a young person. Be mindful of the environment in which the video is made.

APPLICANT INFORMATION	
Name: _____	Age on January 1, 2019: _____
Address: _____	Number of Years in 4-H: _____
City/State/Zip: _____	Major (if in college): _____
Phone: _____	Video on: DVD <input type="checkbox"/> YouTube <input type="checkbox"/> Other <input type="checkbox"/>
E-mail: _____	Please e-mail link to ged@sstewartmeetings.com
After you have received State Office Approval e-mail your YouTube Link to : ged@sstewartmeetings.com	
Provide a 35 WORD description your public speaking and MC (Master of Ceremonies) experiences.	

Approved by State 4-H Leader or Staff _____

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YOUTH LEADERSHIP TEAM APPLICATION SCRIPT

APPLICANT Good morning, I am _____, Youth Leadership Team member from _____. I am pleased to welcome you to our general assembly. Eleanor Roosevelt once said, “The future belongs to those who believe in the beauty of their dreams.” I am sure as you participate in the 4-H Congress, you will find that your dreams are achievable.

In keeping with tradition, we will begin with the flag pledges to be led by Mikayla Meisenhelder from South Dakota and Emily Robin from Louisiana.

Mikayla American Pledge (Note: You do not need to recite the pledge.)

EMILY 4-H Pledge (Note: You do not need to recite the 4-H pledge.)

APPLICANT Thank you, Mikalya and Emily.

We now have a very special treat! The harmonious sounds of P.R.I.D.E., an acapella, five-part harmony group, have been singing together as a group for five years. They are all former 4-H ‘ers and 4-H performing arts leaders. They are currently serving as 4-H volunteers leaders in Operation 4-H P.R.I.D.E. where they are teaching younger groups stage presence, poise, and vocalization. They have performed for Senator Jennifer Sirangelo and at various colleges. Their national concert tour has included National Society of Black Engineers, and high schools and churches through the southeast.

(P.R.I.D.E. Performs)

APPLICANT Thank you, Gentlemen! Our appreciation to the Hyatt Regency Hotel for sponsoring their performance.

We are pleased to have a representative here from the United Soybean Board. The United Soybean Board is a producer-funded, producer-run organization that works to promote soybean and the profitability of U.S. soybean farmers within four program areas: International Marketing, Domestic Marketing, New Uses, and Production.

Today, the United Soybean is sponsoring our 4-H Congress inspirational speaker, from the United Soybean Board’s international Marketing committee is Tennessee soybean grower, Jimmy Barbour. Mr. Barbour.

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**YOUTH LEADERSHIP TEAM APPLICATION – RECOMMENDATION
FORM**

Name of Applicant: _____

Name of Evaluator: _____

Evaluator Address: _____

Evaluator City, State, Zip: _____

Circle One: Extension Staff 4-H Volunteer High School/ College Instructor Other: _____

Evaluator, please rate the applicant on the following (0 - unknown and 1-poor to 5-excellent). Each evaluator should place the completed form in a sealed envelope with the applicant’s name on the front and the evaluator’s signature across the seal. Envelopes should be returned to the 4-H member for attachment to the application.

	<i>Unknown</i>	<i>Poor</i>				<i>Excellent</i>
Leadership; Teamwork; Volunteerism						
Ability to work w/ different and diverse audiences (i.e. adults, younger children, ethnic groups, etc.)	0	1	2	3	4	5
Does fair share of work on joint projects	0	1	2	3	4	5
Serves as an appropriate role model for peers and younger youth	0	1	2	3	4	5
Communicates ideas effectively	0	1	2	3	4	5
Ability to get others to work together; compromise	0	1	2	3	4	5
Volunteers to assist; carries through with responsibilities; knows when to say “no”	0	1	2	3	4	5
Citizenship						
Willingness to work with others, regardless of diversity within a group	0	1	2	3	4	5
Participates in activities involving issues of local importance	0	1	2	3	4	5
Takes a stand on issues that applicant believes in	0	1	2	3	4	5
Involvement in community service activities	0	1	2	3	4	5
Professionalism						
Attitude (i.e. positive, professional, not arrogant)	0	1	2	3	4	5
Appearance (neat, well-groomed)	0	1	2	3	4	5
Accepts/completes work assignments	0	1	2	3	4	5
Exhibits enthusiasm in regard to increasing knowledge of subject matter	0	1	2	3	4	5
Uses proper etiquette	0	1	2	3	4	5
Exhibits appropriate behavior in public venues	0	1	2	3	4	5

Please add any additional comments regarding this applicant on the reverse side.

Signature of Evaluator: _____ Date: _____

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**FORM MUST BE
TYPED OR PRINTED.**

CONGRESS PICTURES FLASH DRIVE ORDER FORM

RETURN BY: Can be ordered before or during event.

PRE-EVENT ORDERS SHOULD BE RETURNED TO: Dr. Susan Stewart/Ged Matthews
National 4-H Congress Coordinator
P.O. Box 367
Alpharetta, GA 30009

NOTE: If the form is not legible, you will not receive your flash drive. Be sure that your address is complete.

Congress flash drives will be available at a cost of \$20. Flash drives will be mailed to delegates approximately three months after National 4-H Congress. They may be ordered before or during the event.

Make Check Out to: **National 4-H Congress Foundation**
EIN 45-2572008

ORDER INFORMATION	
Name:	_____
Address:	_____
City:	_____
State:	_____ Zip: _____
Phone:	_____ Email: _____

<i>For office use only:</i>	
_____ Check	Check Number: _____
_____ Cash	

CONFIDENTIAL

If the answer is "yes" to any of the following, enter the details in the space provided indicating the diagnosis, date of illness, name of hospital, length of hospitalization, name of doctor, etc.

	YES	NO
1 NERVOUS OR MENTAL Problems such as epilepsy, emotional stress, convulsions, loss of consciousness, dizziness, paralysis, Frequent anxiety, excessive crying. If yes, please explain:		
2 LUNG DISEASE Asthma, blood spitting, persistent cough, tuberculosis, abnormal chest x-rays. <i>If yes, please explain:</i>		
3 DISEASE OR HEART OR BLOOD VESSELS, INCREASED OR ABNORMAL BLOOD PRESSURE <i>If yes, please explain:</i>		
4 PAIN IN THE CHEST OR SHORTNESS OF BREATH Heart murmur, rheumatic fever <i>If yes, please explain:</i>		
5 STOMACH OR INTESTINAL TROUBLE Food sensitives, ulcers, gall bladder or liver disorders, jaundice, hernia, colitis. <i>If yes, please explain:</i>		
6 ARTHRITIS, DIABETES, KIDNEY OR BLADDER DISEASE <i>If yes, please explain:</i>		
7 HAY FEVER OR ALLERGIES <i>If yes, please explain:</i>		
8 ALLERGIES TO MEDICINES (including Penicillin, Tetanus) <i>If yes, please explain:</i>		
9 IMPAIRED SIGHT OR HEARING, CHRONIC EAR INFECTIONS <i>If yes, please explain:</i>		
10 RECENT SURGICAL OPERATIONS, ACCIDENTS OR INJURIES <i>If yes, please explain:</i>		
11 BEEN A PATIENT IN A HOSPITAL (other than #10) <i>If yes, please explain:</i>		
12 ANY INFECTIOUS DISEASE OR CONTACT WITH INFECTIOUS DISEASE IN THE TWO WEEKS PRIOR TO THIS TRIP. <i>If yes, please explain:</i>		
13 SKIN DISEASE <i>If yes, please explain:</i>		
14 ALLERGY TO FOODS <i>If yes, please explain in detail. Add pages if necessary:</i>		
15 MEDICATIONS YOU ARE CURRENTLY TAKING (list name and doses) <i>If yes, please explain:</i>		
16 UNDER ON-GOING CARE OF A PHYSICIAN FOR CHRONIC OR RECURRING PROBLEM (Name and number of physician) <i>If yes, please explain:</i>		
17 DATE OF LAST FLU SHOT: _____ DATE OF LAST TETANUS BOOSTER: _____		
18 LIST ANY SPECIAL NEEDS OR CONCERNS (<i>Attach additional page if need more space</i>)		