



# St. Clair County



## 4-H Horse Teen Leader Application

Name: \_\_\_\_\_ Age (as of Jan. 1<sup>st</sup>): \_\_\_\_\_

Club: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_

Other Project Areas (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Why are you interested in becoming a Teen Leader?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please attach letter of recommendation from a Horse Leader to completed application.*

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Applicant Signature

Date

Questions? Contact:

**Jennie West** (Horse Teen Leaders Advisor): [SCC4hHLteenleaders@gmail.com](mailto:SCC4hHLteenleaders@gmail.com)

**Lori Warchuck** (St. Clair County Program Coordinator): [LWarchuck@stclaircounty.org](mailto:LWarchuck@stclaircounty.org)