Bell County 4-H Healthy Lifestyles Advisory Board
Application for Youth and Adults

Name: _____ 4-H Age (as of 08/31/12) _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Member Type: ☐ Youth ☐ Adult

Healthy Lifestyles Project currently participating:

☐ Food & Nutrition ☐ Health ☐ Safety ☐ Other: _____

Briefly explain why you like to serve on the Bell County 4-H Healthy Lifestyles Advisory Board:

_____

_____

_____

_____

_____

Please share three ideas that could be implemented to enhance the Bell county 4-H Healthy Lifestyles Program:

1. _____

2. _____

3. _____

_____

Applicant Signature *Date*

_____

Parent/Guardian Signature *Date*

I have reviewed this application, confirm this applicant is enrolled as a member/volunteer in Texas 4-H and approve of the individual's consideration for the Bell County 4-H Healthy Lifestyle Advisory Board.

_____

Club Manager Signature *Date*