

4-H MEMBER PROJECT COMPLETION FORM

PLEASE RETURN TO 4-H OFFICE NO LATER THAN October 4, 2014.

I hereby certify that the members listed have completed the following 4-H projects for the 2013-2014 project year as checked below, and that they are **OFFICIALLY ENROLLED IN THE WAYNE COUNTY 4-H PROGRAM.**

Club

Signature – Organizational Leader

Member Name	Beef Cattle	Dairy Cattle	Dog	Goat	Horse	Poultry	Rabbit/Cavy	Sheep	Swine	Arts & Crafts	Child Development	Community Service	Environment	Food & Nutrition	Horticulture	Technology & Engineering	Textiles & Clothing	Visual Arts	Public Presentations	Other (Please Specify)					Fall Garden Workshop	Animal Science Fun Night	Holiday Special	Public Presentations Workshop	Horse or Dairy Bowl	Spring Garden workshop	Flag Day Celebration	County Fair	Achievement Night							

4-H VOLUNTEER COMPLETION FORM

PLEASE COMPLETE AND RETURN THIS FORM TO THE 4-H OFFICE BY OCTOBER 4, 2014.

I hereby certify that the following volunteers have served my club this year (10/12 – 9/13) as an organizational, assistant, or project leader and/or a general volunteer and are eligible to receive a Certificate of Community Service. **ALL LEADERS MUST HAVE A COMPLETED ENROLLMENT FORM ON FILE IN THE 4-H OFFICE. PLEASE PROVIDE ESTIMATED HOURS OF SERVICE FOR THE YEAR FOR EACH VOLUNTEER. THANK YOU!**

CLUB NAME: _____

Club Leader: _____

of Hours: _____ # of Years: _____

Description of services provided: _____

Leader/Volunteer: _____

of Hours: _____ # of Years: _____

Description of services provided: _____

Leader/Volunteer: _____

of Hours: _____ # of Years: _____

Description of services provided: _____

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of Hours: _____ # of Years: _____

Description of services provided: _____

Leader/Volunteer: _____

of Hours: _____ # of Years: _____

Description of services provided: _____

Leader/Volunteer: _____

of Hours: _____ # of Years: _____

Description of services provided: _____

Community Service Records

10/1 – 9/30

*10 hours of community service is needed to receive award

1. Community Service Project - _____ Where: _____

When: _____ Hours _____ % of member participation _____

2. Community Service Project - _____ Where: _____

When: _____ Hours _____ % of member participation _____

3. Community Service Project - _____ Where: _____

When: _____ Hours _____ % of member participation _____

4. Community Service Project - _____ Where: _____

When: _____ Hours _____ % of member participation _____

5. Community Service Project - _____ Where: _____

When: _____ Hours _____ % of member participation _____

6. Community Service Project - _____ Where: _____

When: _____ Hours _____ % of member participation _____

7. Community Service Project - _____ Where: _____

When: _____ Hours _____ % of member participation _____

Tool L-18
4-H Club Financial Statement
 for year ending September 30, 2014

Club Name _____
 Organizational Leader _____

Income for Year:

Dues paid by members _____
 Fund Raisers (List each individually)

 Total Income (1) _____

Expenses:

Activity and Program Expenses
 (Trips, crafts, parties, etc.) _____
 Fund Raising Expenses
 (Cost to purchase/produce items to sell) _____
 Other Expenses _____
 Total Expenses (2) _____

Difference between income (line 1)
 and expenses (line2)
 (3) _____

Cash on hand - *beginning of year*
 bank balances plus cash not deposited)
 (4) _____

Cash on hand - *end of year*: Add or subtract lines 3 and 4 -(If line 1 is
 more than line 2 add; if line 2 is more than line 1 subtract.)
 Balance _____

**Balance must equal cash in bank account(s) plus cash not
 deposited in bank account(s).**

 Club Treasurer Signature
 Date _____

 Signed by Organizational Leader
 Date _____

The financial statements have been received and approved
 and, where applicable, the following actions have been
 authorized:

- _____ Approval to carry over balance into new year.
- _____ Club must transfer funds to the Cornell Cooperative
 Extension Assoc.

 Executive Director Signature
 Date _____

 4-H Educator Signature
 Date _____

Club 4-H Promotion Award

Please return this application by October 4th

Club Name: _____

Marketing Activity Name/Description	# Members Participating

Please use additional pages as necessary.

4-H Club Audit Report

Report Period (dates) _____ to _____
Date of Audit _____

Club Name _____

Treasurer _____ Adult Advisor _____

Auditors' statement:

We certify that we have compared the treasurer's record book, cash and bank account records and find them to be in agreement.

The beginning balance was: _____ The ending balance is: _____

Adjustments made were: (Explain) _____

Audit Committee:

Name (Print)

Signature

_____	_____
_____	_____
_____	_____

Please submit to your 4- H Office by October 15 to cover the previous 4-H year or the period that the named Treasurer was in office. Attach a 4-H Club Financial Statement for the same period.

Request for Club Secretary Books and Officer/Member Cards

Club Name: _____

Club Leader: _____

Address: _____
(Street) (Town) (Zip)

Check Officer Items Needed:

- Secretary's Book
- Treasurer's Book
- President Card
- Vice President Card
- Secretary Card
- Treasurer Card
- News Reporter Card
- Other: _____

Indicate Number of Membership Cards Needed:

_____ Leader Identification Cards

_____ Member Cards

Please note: These items will not be sent until we receive your re-enrollment forms

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