

RACINE COUNTY 4-H AWARDS & EXPERIENCES REFERENCE FORM

This form should be completed by a 4-H adult volunteer who is not related to applicant.

First and Last Name of 4-H Member:

As part of the process for selecting youth for Racine County 4-H Awards & Experiences, the selection committee is seeking a recommendation and more information on each candidate. Please provide us your input regarding the following areas:

| | Unknown | Poor | Fair | Good | Excellent |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Leadership qualities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participation in the 4-H program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Positive attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide additional comments in the space below:

| | |
|--|--|
| | |
|--|--|

Name of Reference:

Title/Role:

Date:

Phone Number:

Email:

Signature: _____

**Please mail or deliver this completed reference form, in a sealed envelope, to Extension
Racine County, 1072 Milwaukee Avenue, Burlington, WI 53105 so that it is received by
September 30, 2025. Email: Kim.baclawski@hotmail.com**