The purpose of the *Speaking for Illinois 4-H (SFI4-H)* program is to provide 4-H members with advance training in public presentations so they may effectively promote the University of Illinois Extension 4-H Youth Development Program to various audiences, including elected officials on the local, State, and national level; potential donors; and civic groups. Youth must have the approval of the local Extension Unit in order to participate in this program. They are provided training by the Illinois State 4-H Youth Leadership Team. In time, a cadre of experienced youth speakers will be available for use by local Extension offices to help promote the Illinois 4-H Youth Development Program throughout the year.

**Speaking for Illinois 4-H Criteria:**

- Applicants must be current 4-H members as of September 1 of the current 4-H year. Applicants must be 14 years old by the date of training.
- Members must attend a face-to-face *Speaking for Illinois 4-H* training program in order to be placed on the official *SFI4-H* roster. In order to continue on the roster, members must attend an update training each year. The update trainings are generally held via teleconference, prior to Legislative Connection events.
- Applicants under the age of 18 must have parental or guardian support. The adult’s signature is required on the application.
- Applicants must have accessible transportation in order to participate in this program.

**Selection:**

- Training will involve a full-day session, with a possibility of one hour teleconference updates later in the year. Annual update sessions may vary in length, depending on information that needs to be provided each year. Please check with your local Extension office for the next training date and location.
- Acceptance to the program will be based on registration for the training and receipt of a completed application and minimum of two Reference Evaluations. One reference must be from an Extension staff member OR 4-H volunteer leader; a second must be from a high school or college instructor.
- Applicants must register on-line for the training date they wish to attend. Registrations will be accepted on a first-come, first-served basis until the training room is full.
- Completed applications (including Reference Evaluations) for selected youth will need to be forwarded to the State 4-H Office and State 4-H Youth Leadership Team for review so appropriate training may be finalized. Applications and payment are to be mailed to the State 4-H Office no later than the day after registration closes.

University of Illinois * U.S. Department of Agriculture * Local Extension Councils Cooperating
University of Illinois Extension provides equal opportunities in programs and employment.
Applications from selected delegates must be sent to the State 4-H Office no later than one week prior to actual training date.

Applications must include the following items:
- Typed or printed application form
- Current photo of applicant
- A minimum of two completed Reference Evaluations (RE), as described on attached. At least one of the RE’s must be a current Extension staff member or a 4-H volunteer leader and a second RE must be from a teacher or college instructor. **RE’s MUST be placed in a sealed envelope by the person completing the evaluation, with the signature of the evaluator across the seal.**

Your local University of Illinois Extension Unit office MAY request to review applications prior to sending to the State 4-H Office. You must have the approval of the local office in order to participate in this program.

Name ____________________________________________
Address __________________________________________
City/State/Zip _______________________________________
College Address _____________________________________
(If applicable)                                       
Home Phone (______) ________________________ Cell Phone (______) ________________________
Email: *(if you have 2, list both)* ____________________________________________________________
Birthdate ___ / ___ / ___ (mo/day/year) No. Years in 4-H ________________
County __________________________ Name of 4-H Club ________________________________

I have available transportation to attend training and requested presentations. Yes No

How many hours do you feel you can give per month to SFI4-H (after initial training is completed)? Please circle one:

1-3 hours  4-6 hours  Over 6 hours

*(Please respond to the following items in the space provided: do not add additional pages to this application.)*
List major leadership positions that you have held. Include positions for 4-H and other groups, current and past.
Provide information on experiences you have had speaking to adult audiences regarding the benefits of the 4-H program. (Who? Why? Number of people in the audience? Were you successful?) Examples: Presentation to a community group request a donation, promoting parental involvement in 4-H at a PTA meeting, speaking to county board officials about 4-H programming efforts, etc.

List your public presentation experiences, including number of people in the audiences. (4-H and non-4-H experiences are acceptable.) Examples: Community theater, M.C. for talent show, 4-H public presentations contest, etc.

Provide information on your experience with electronic presentation tools (i.e. PowerPoint)

Why do you want to be a member of SFI4-H?
Please attach a current photograph to this application.

If selected to the Speaking for Illinois 4-H team, I realize that I am required to attend regional/state training before I can be listed on the official SFI4-H state roster of approved youth speakers. I am also required to attend update training each year so that I may remain on the SFI4-H state roster.

Applicant Signature: 
Date: 

If applicant is under 18 years of age:
As a parent/guardian of the applicant, I support their application for the Speaking for Illinois 4-H team and understand the commitment they are making to be a member of the SFI4-H state roster. I will provide support as necessary for them to fulfill their commitment.

Parent/Guardian Signature: 
Date: 

Applications are to be mailed to the State 4-H Office, with the Agreement to Assume Risk form; Photo/Video Release form; and all Reference Evaluations. Send to: SFI4-H; 801 N. Country Fair Drive, Suite E; Champaign, IL 61821

Revised 3/2014
Name of Applicant

Name of Evaluator

Address

City, State, Zip

Circle one: Extension Staff  4-H Volunteer  High School/College Instructor  Other: ______________

Evaluator, please rate the applicant on the following (U - 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.

Leadership and Teamwork

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<tr>
<th></th>
<th>Unknown</th>
<th>Poor</th>
<th>2</th>
<th>3</th>
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<tr>
<td>Ability to work with different and diverse audiences (i.e. adults, younger children, ethnic groups, etc.)</td>
<td>U 1 2 3 4 5</td>
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<td>Does fair share of work on joint projects</td>
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<td>Serves as an appropriate role model for peers and younger youth.</td>
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<td>Communicates ideas effectively.</td>
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<td>Ability to get others to work together; compromise.</td>
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<td>Carries through with responsibilities; knows when to say “no”.</td>
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Citizenship

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<td>Willingness to work with others, regardless of diversity within a group.</td>
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<td>Participates in activities involving issues of local importance.</td>
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<td>Takes a stand on issues that applicant believes in.</td>
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<td>Ability to work with authority figures to establish new and/or revised policies.</td>
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<td>Involvement in community service activities.</td>
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Professionalism

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<td>Attitude (i.e. positive, professional, not arrogant.)</td>
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<td>Appearance, dressed appropriately for situation (neat, well-groomed)</td>
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<td>Accepts/completes work assignments.</td>
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<td>Exhibits enthusiasm in regard to increasing knowledge of subject matter.</td>
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<td>Uses proper etiquette.</td>
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<td>Exhibits appropriate behavior in public venues.</td>
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Please add any additional comments regarding this applicant on the reverse side.

Signature of Evaluator: _______________________________ Date: _______________________________