



Santa Barbara County All Star Application

Applications Due May 1st

Application Guidelines

Personal Data - Section 1

This section deals with name, age, address, etc. but also includes a few very important questions that are critical to the selection process. DO NOT leave any part of section 1 unanswered. This could result in the applicant not be considered for All Star.

Personal Experiences - Section 2

This section deals with your personal experience in 4-H and outside of 4-H. Please answer each item. If an item does not apply to your experiences, state that under the appropriate item. That way the All Star Selection Committee will not assume you failed to answer the item. Please limit your inputs to the space provided.

Applicants Comments - Section 3

This section is where you can describe, explain, or comment on things that you think are important as part of your All Star application. Please limit your inputs to the space provided.

Community Club Leader Comments - Section 4

This section is for your 4-H Community Club Leader to make a recommendation or comments that would be pertinent to your selection as an All Star. This section must be completed by the Community Club Leader. It is also important that the Community Club Leader send section 4 directly to the 4-H Office in Santa Barbara. DO NOT include this section with your completed application.

Letters of Recommendation - Section 5

This section is for two people to make a recommendation and comments that will help the Selection Committee. Must be someone other than a parent/guardian and/or the Community Club Leader. DO NOT include them with the application. *(Suggestion - Include with your blank recommendation letter a stamped, addressed envelope so that the people who recommend you can just drop it in the mail.)*

Authentication - Section 6

This section must be completed with all the appropriate signatures. Should this section of the application be incomplete, the application will be returned to the applicant, if the due date has not past.

Do not forget to sign the All Star Agreement Form and include it with the application.

If the due date has past, the application will be considered incomplete and may not be forwarded to the All Star Selection Committee for consideration.

Application Process and Check List

The following section describes the application process. Please read very carefully and complete the All Star application in its entirety. This checklist is for your reference only.

An All Star applicant 15 years of age as of **May 1**, of the year applying. Has earned a **Gold Star, Platinum Star, or Emerald Star**

Complete all sections of the All Star application.

Have the 4-H Community Club Leader complete Section 4 of the application. Receive two Letters of Recommendation from various sources. These forms are not to be sent with your application, but separately.

Make sure that all the required signatures have been obtained in Section 6.

My parent/guardian and I have read and signed the Santa Barbara County 4-H All Star Agreement and have enclosed it with my application form.

Return the All Star Application to the 4-H Office in Santa Barbara by May 1st to:

**UC Cooperative Extension
Santa Barbara County 4-H Youth Development Program
7127 Hollister Ave, Suite 7
Goleta, CA 93117**

Note: An interview will be scheduled by either the 4-H Office or the All Star Chairperson.

Please type or print clearly

Due By May 1st

Santa Barbara County 4-H All Star Application

Personal Data - Section 1

| | | | |
|------|--|------|--|
| Name | | Club | |
|------|--|------|--|

(Please print)

| | |
|---------|--|
| Address | |
|---------|--|

(Please print)

| | | | |
|------|--|-----|--|
| City | | Zip | |
|------|--|-----|--|

(Please print)

| | | | |
|-----------|--|--------|--|
| Telephone | | E-Mail | |
|-----------|--|--------|--|

| | | | |
|----------------------------|--|---------------|--|
| Age as of Apr. 1 this year | | Date of Birth | |
|----------------------------|--|---------------|--|

Please answer the following questions to the best of your ability:

| | | | |
|--------------------------------------|--|----------------|--|
| Year(s) in 4-H (including this year) | | Year in school | |
|--------------------------------------|--|----------------|--|

| | |
|---|--|
| Year received Gold Star, Platinum Star, or Emerald Star | |
|---|--|

| | |
|---------------------------------------|--|
| Do you have a full or part time job ? | |
| If yes, about how many hours per week | |

| | |
|--|--|
| Do you anticipate having a job while you are an All Star ? | |
| If yes, about how many hours per week | |

| | |
|---|--|
| Do you have the time to devote to the 4-H program and the All Stars ? | |
|---|--|

| | |
|---|--|
| Will you have transportation to and from All Star commitments ? | |
|---|--|

| | |
|--|--|
| Can you attend evening meetings, if required ? | |
|--|--|

| | |
|---|--|
| Can you attend weekend events, activities, etc. ? | |
|---|--|

| | |
|--|--|
| Is there anything that could interfere with your ability to perform as an All Star ? | |
|--|--|

If so, please explain.

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

Personal Experiences - Section 2

The following sections are intended to determine your involvement in the 4-H program and to provide information as to the amount of time you are willing to devote to the All Star Program.

Please be accurate when completing this portion.

I. 4-H Club Offices. Please list the club offices you have held or are holding and the year you held the office.

| Club Offices Held | Year |
|-------------------|------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

II. Junior / Teen Leader in club projects. Please list the club projects in which you have been either a Junior or Teen Leader and the year(s), including this year.

| Club Project | Type of Leader - Junior or Teen | Year |
|--------------|---------------------------------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

All Star Application

III. Other Leadership Roles. Please list other leadership role(s) other than club offices, such as 4-H Regional Council Representative, club level, school, church, community organizations, etc.).

| Other Leadership Roles | Year (if known) |
|------------------------|-----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

IV. 4-H events attended in Santa Barbara County. Please mark the 4-H county events, etc. you have participated in during the last two years. (4-H year = July 1st to June 30th)

| Santa Barbara County 4-H Event | Two years ago | Last year | This year |
|--------------------------------|---------------|-----------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

V. Events attended outside Santa Barbara County 4-H Events (Regional, State, National).

| Out-of-County 4-H Event | Date(s)/Year(s) |
|--------------------------------|------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

VI. Extracurricular activities. Please list any extracurricular activities, such as sports, community, church, social, etc. that you are involved in or plan to be involved in during the year you will be an All Star.

| Extracurricular Activities | Time-of-Year |
|-----------------------------------|---------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

All Star Application

VII. Academic activities. Please describe your academic workload; such as amount of time academics require of you, time spent outside of the classroom on academics. Please do not list your classes or schedule.

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

Your Comments - Section 3

In this section you are asked to summarize your leadership experiences, why you want to be an All Star, and what you are expecting from the All Star Program. Please limit your responses to the space provided.

I. Describe your leadership skills and experiences.

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

II. Why do you want to be an All Star?

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

Letters of Recommendation - Section 5

DUE NO LATER THAN: May 1st

This section is for two people to make a recommendation and comments that will help the Selection Committee. Must be someone other than a parent/guardian and/or the Community Club Leader. There are two form letters for you to use at the end of this application. *(Suggestion - Include with your blank recommendation letter a stamped, addressed envelope so that the people who recommend you can just drop it in the mail.)*

NOTE: The letters can NOT be returned with the completed application. Please make sure they are mailed to:

UC Cooperative Extension
Santa Barbara County 4-H Youth Development Program
7127 Hollister Ave, Suite 7
Goleta, CA 93117

Authentication - Section 6

I have personally prepared this application and believe it to be correct. I understand that should any statements be purposely stated false or inaccurate, I can be denied further consideration for All Star.

| | |
|---------------------|------|
| Signature of Member | Date |
|---------------------|------|

As the parent or guardian of the applicant for All Star, I have reviewed this application and believe it to be correct. Should any statements be purposely stated false or inaccurate, I understand that the applicant for All Star can be denied further consideration for All Star.

| | |
|---------------------------------|------|
| Signature of Parent or Guardian | Date |
|---------------------------------|------|

As Community Leader I have reviewed this application and believe it to be correct. Should any statements be purposely stated false or inaccurate, I understand that the applicant for All Star can be denied further consideration for All Star.

| | |
|------------------------------------|------|
| Signature of Community Club Leader | Date |
|------------------------------------|------|

Santa Barbara County 4-H All Star Agreement

It shall be the duty of each All Star to become fully acquainted with the requirements and responsibilities of being an All Star as defined in the State All Star 4-H Ambassador Resource Handbook. The All Star must agree to the requirements stated in the 4-H All Star Program Handbook and the requirements and conditions list in this agreement.

1. All Stars must attend at least 80% of the events, activities, and functions as defined in the All Star Plan of Action for the year(s) that the All Star is active.
2. All Stars shall wear the All Star uniform (white pants, white button-up shirt, 4-H tie or scarf, and white 4-H hat; or other such uniform as designated by the All Stars and in concurrence with the All Star Advisor and the Youth Leadership Committee) to all county events, 4-H functions other than club functions, or when representing the All Star program within the county, state, or country.
3. All Stars must exhibit exemplary behavior, be respectful to all, shall not use any foul or abusive language (including gestures), be a role model to other 4-H members, and display a positive attitude. Possession or use of illegal drugs and alcohol, theft or vandalism of person or property at any 4-H event, activity, or function is unacceptable behavior.
5. Once an All Star, always an All Star. However, All Stars are committed to being an active All Star for at least the first year. Upon completion of the year, All Stars are to help, if possible, the following year (if only in an advisory capacity).
6. To be an 'All Star in Good Standing' and receive the **All Star Outstanding Performance Award**, you must be an active All Star, adhere to this agreement, comply with All Star Program rules and guidelines as stated in the All Star Program Handbook, and comply with the All Star Plan of Action.
7. All Stars not demonstrating a commitment to the All Star Program or who shows unwillingness to work, or failure to represent the All Star Program may not be awarded the **All Star Outstanding Performance Award** . The All Star may be reviewed and disciplinary action taken by the Santa Barbara County 4-H Youth Development Program Management Board, and possible dismissal from the All Star Program.
8. All Stars must meet with the other All Stars and All Star Advisor. All Stars are voting members of the Santa Barbara County 4-H Youth Development Management Board and are expected to attend Management Board meetings. All Stars are expected to develop an All Star Plan of Action for the year. All Stars may have to attend some evening and weekend meetings, events, and activities. In addition, All Stars are encouraged to attend the California 4-H State Leadership Conference usually held the first part of August.

By signing this agreement, the All Star and parent are stating that they have read the All Star Program Handbook, completed the All Star application correctly, agree to the requirements and conditions, as stated above and in the State All Star 4-H Ambassador Resource Handbook.

| | | |
|----------------------|--|------|
| | | |
| All Star's Signature | | Date |

As a parent of an All Star your cooperation and support are required in order to support your All Star in fulfilling the requirements as defined in this application and the State All Star 4-H Ambassador Resource Handbook.

| | | |
|---------------------------|--|------|
| | | |
| Parent/Guardian Signature | | Date |

Recommendation for Santa Barbara County All Star

DUE NO LATER THAN: May 1st

NOTE: This section can NOT be returned with the application. This is for your privacy and honesty. You are under NO obligation to provide a copy to the applicant. Please mail to:

UC Cooperative Extension
 Santa Barbara County 4-H Youth Development Program
 7127 Hollister Ave, Suite 7
 Goleta, CA 93117

| | |
|------------------------|--|
| Applicants Name | |
|------------------------|--|

(Please print)

| | | |
|---|--|--|
| How long have you known the applicant? | | |
| Relationship to applicant: | | |

To what degree do you recommend this applicant?

| | | | |
|-------------------|--|---------------------|--|
| Highly (1) | | Okay (3) | |
| Good (2) | | Doubtful (4) | |

Personal rating of the applicant (Circle rating for each characteristic):

| | High | | | | Fair | | | | Low | | |
|--------------------|------|---|---|---|------|---|---|---|-----|----|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Leadership | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Citizenship | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Attitude | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Personality | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Enthusiasm | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Cooperation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Dependable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Responsible | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Motivation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Honest | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Judgment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

Comments (use other side if needed):

Describe - leadership, enthusiasm, acceptance of responsibility, ability to work with others, etc.

| | |
|---------------|-------------|
| Signed | Date |
|---------------|-------------|

| | |
|--------------|---------------------|
| Title | Phone Number |
|--------------|---------------------|

Recommendation for Santa Barbara County All Star

DUE NO LATER THAN: May 1st

NOTE: This section can NOT be returned with the application. This is for your privacy and honesty. You are under NO obligation to provide a copy to the applicant. Please mail to:

UC Cooperative Extension
 Santa Barbara County 4-H Youth Development Program
 7127 Hollister Ave, Suite 7
 Goleta, CA 93117

| | |
|------------------------|--|
| Applicants Name | |
|------------------------|--|

(Please print)

| | | |
|---|--|--|
| How long have you known the applicant? | | |
| Relationship to applicant: | | |

To what degree do you recommend this applicant?

| | | | |
|-------------------|--|---------------------|--|
| Highly (1) | | Okay (3) | |
| Good (2) | | Doubtful (4) | |

Personal rating of the applicant (Circle rating for each characteristic):

| | High | | | | Fair | | | | Low | | |
|--------------------|------|---|---|---|------|---|---|---|-----|----|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Leadership | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Citizenship | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Attitude | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Personality | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Enthusiasm | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Cooperation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Dependable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Responsible | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Motivation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Honest | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Judgment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

Comments (use other side if needed):

Describe - leadership, enthusiasm, acceptance of responsibility, ability to work with others, etc.

| | |
|---------------|-------------|
| Signed | Date |
|---------------|-------------|

| | |
|--------------|---------------------|
| Title | Phone Number |
|--------------|---------------------|