



University of Florida Volunteer Role Description

Title: 4-H Club Parent

PURPOSE:

Contributes to the success of the county 4-H Youth Development program by assisting their child and other children in the 4-H club or group.

DUTIES AND RESPONSIBILITIES:

- To assist or encourage their child and other children in the club or group to:***
- Set realistic project and achievement goals
 - Accomplish those goals, where appropriate
 - Participate in club, unit, regional, state, national, and international programs
 - Use positive reinforcement of each child's part in the group
 - Provide transportation to and from meetings and special activities
 - Attend meetings and special events at the club or group
- To complete a parent volunteer survey and/or discuss with the organizational leader, the areas where you could assist the club. Depending on the time that you have available, you may:***
- Plan and facilitate special events for the club or group
 - Learn about the developmental needs of the different ages of children in the club or group
 - Make phone calls
 - Serve as a project leader or helper in one or more project areas
 - Assist with meetings or special events (tours, fund raisers, fairs, etc.)
 - Serve as an adult adviser to one or more committees

QUALIFICATIONS

- Complete and sign the Volunteer Application, Adult Agreement, and Confidentiality Agreement.
- Knowledge of the Cooperative Extension Service and the 4-H Program, or a willingness to learn.
- Interest in helping youth.
- Interest in 4-H educational programs.
- Ability to organize and coordinate.
- Ability to communicate with youth and adults.

RESOURCES AVAILABLE

- Orientation
- Training
- Support from 4-H Agent and other volunteers

BENEFITS

- Expenses incurred and miles driven are tax deductible.
- Liability and workman's compensation insurance provided by the University of Florida.
- Recognition from others in your community.
- Helping in the positive development of the youth of the county.

TIME COMMITMENT

Varies by activity. (renewable)

MENTOR / SUPERVISING PROFESSIONAL

Name:

Address:

City, State Zip

Phone

Volunteer Signature \ Date

4-H Agent Signature \ Date

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