



POSITION DESCRIPTION

4-H Independent Membership—Mentor Volunteer

<input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Activity	<input type="checkbox"/> Project <input type="checkbox"/> One time	Date _____
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Name of 4-H Independent Member mentor volunteer: _____

Name of 4-H Independent Member: _____

PURPOSE

Understand, support and create educational experiences that:

- Mentor, coach and guide 4-H Independent Member in the completion of their 4-H Independent Member Agreement.
- Inform and encourage member, parents and other volunteers to participate actively in appropriate 4-H opportunities.
- Mentor, assist and advise 4-H members in the overall management of the 4-H experience.
- Serve as a liaison among the local Extension office staff, 4-H members and their parents, and other volunteers regarding 4-H group programs.

TIME REQUIRED

October 1 - September 30 of the 4-H year

RESPONSIBILITIES

- Assure that all other adult volunteers in the group have completed the screening process.
- Commit to young people and their growth in all areas, being sensitive to their individual abilities and needs.
- Complete 4-H Independent Member progress form with member.
- Assist Independent 4-H Members in the following:
 - Complete yearly enrollment/re-enrollment materials available online
 - Complete yearly Independent Member Agreement Form.
 - Upon enrollment, submit to local Extension office a completed plan/calendar outlining my goals and objectives for the upcoming 4-H year. Consult the Program Coordinator/Director for program planning tools.

- Meet with mentor a minimum of six times throughout the year to discuss progress toward my goals and celebrate achievements.
- Complete one or more community service learning projects during the year.
- Publicly demonstrate my learning by giving presentation before a group and/or exhibiting at county fair.
- Participation in county, regional, state and national events is encouraged and supported.
- Reflect on your learning experiences with your mentor.
- Abide by all county, state and national 4-H policies and recognize the authority of University of Minnesota Extension Center for Youth Development staff.
- Ensure that my family does our part to contribute to the larger 4-H program by:
 - actively participating in county and state fundraising efforts
 - keeping informed and up-to-date on opportunities, guidelines and requirements
 - reading and responding to correspondence
 - volunteering to lead or assist with 4-H committees, events and activities

SPECIFIC DUTIES/TASKS, QUALIFICATIONS/SKILLS

- Appropriate 4-H Volunteer Screening Category
- Participate in fall volunteer training.
- 21 years of age or older
- Ability to organize and motivate youth while nurturing positive youth development, decision making, responsibility and leadership in youth
- A sincere interest in teaching and sharing knowledge and skills with youth and adults in an educational setting
- The ability to effectively support the member in taking responsibility for their independent status
- Be geographically accessible to youth
- The ability to work and communicate effectively in both verbal and written form
- A willingness to become familiar with and work within the philosophy and guidelines of University of Minnesota Extension, the Minnesota 4-H program, and the local 4-H program

RESOURCES AND TRAINING AVAILABLE

The University of Minnesota Extension 4-H program agrees to:

- Provide training opportunities (local and/or area) that will help meet the needs of members, leaders and parents.
- Provide appropriate curriculum, newsletters, and other resource materials.
- Provide the screening required for volunteers.
- Listen to ideas to help improve the 4-H program.
- Provide appropriate recognition and awards to volunteers.

BENEFITS

- Experience working with youth
- Training to enhance personal skills and knowledge

WORK DIRECTION BY:

Name _____

Title _____

Phone # _____ Cell # _____

Email _____

Address _____

EXTENSION CONTACT:

Name _____

Title _____

Phone # _____ Cell # _____

Email _____

Address _____

