



# 4-H CLUB CHARTER REQUEST-RENEWAL FORM

New 4-H clubs and continuing 4-H clubs must have an active club profile in 4HOnline, with the Club Charter section filled out, to be an officially chartered Florida 4-H club. In addition, this form needs to be completed annually by the club leader for Affirmative Action audit purposes. This form can be kept in the 4-H Office or uploaded to the 4HOnline club profile.

Name of Club: \_\_\_\_\_

Name of Club Leader: \_\_\_\_\_

## Primary Club Meeting Location

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Request:       Establishment of a new club       Charter Renewal

Original Charter Date or Year \_\_\_\_\_

Previous Name(s) of Club, if applicable: \_\_\_\_\_

## Agreements

1) I understand that if this club disbands during my leadership, all property and club funds not deposited in the county association or foundation account shall be returned to the County Extension Office. If the group continues, it shall be turned over to the new club leader.

2) It is the policy of \_\_\_\_\_ of the \_\_\_\_\_ County  
(Club Name) (County)

Extension Service, 4-H & Youth programs, that all persons shall have equal opportunity and access to its programs and facilities without regard to race, color, religion, gender, sexual orientation, national origin, or disability.

3) I understand that if the racial/gender make-up of the club is not representative of the geographic boundaries of the club (within + or - 4% parity), then All Reasonable Efforts will be conducted to fulfill Affirmative Action Requirements.

Club Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*The approval below will be granted upon receipt of this form. Clubs not meeting Affirmative Action requirements will be notified and will be required to conduct All Reasonable Efforts between the dates of September 1st and December 31st.

## Official Approval for 4-H Club or Group

\_\_\_\_\_ is authorized to use the 4-H name and emblem in connection with its program and activities and is considered an official 4-H club of the Cooperative Extension Service.

Signed \_\_\_\_\_ County Extension Agent

This form should be kept in the County 4-H Office or uploaded to the Club's 4HOnline profile.



# Club Organization Form

Please return this completed form to your 4-H agent by \_\_\_\_\_.

\_\_\_\_\_  
Club Name

\_\_\_\_\_  
Meeting Place

\_\_\_\_\_  
Meeting Date and Time

Multi-race community: \_\_\_ Yes \_\_\_ No Race by (%) White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Other \_\_\_

LEADERSHIP TEAM:      Name                      Phone                      email or contact address

Leader: \_\_\_\_\_

Co-Leader: \_\_\_\_\_

Project Leader: \_\_\_\_\_

Teen Leader: \_\_\_\_\_

Activity Leader: \_\_\_\_\_

Parent Volunteers: \_\_\_\_\_

Club Focus or Theme for the year: \_\_\_\_\_

Club Goals for the year:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Club Program Calendar:

<b>Month</b>	<b>Meeting Date</b>	<b>Educational Focus</b>
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
July		
August		

Club Officers:

County Council Delegate: \_\_\_\_\_

County Council Delegate: \_\_\_\_\_

President: \_\_\_\_\_

Reporter: \_\_\_\_\_

Vice President: \_\_\_\_\_

Recreation: \_\_\_\_\_

Secretary: \_\_\_\_\_

Historian: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Sgt. At Arms: \_\_\_\_\_

Parliamentarian: \_\_\_\_\_

Other: \_\_\_\_\_