



## JO DAVIESS COUNTY TOP 4-HER REFERENCE FORM

*(One of the references must be someone within the 4-H program and cannot be a relative)*

Applicant's Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State/Zip

The applicant listed above is applying to be recognized as the Jo Daviess County Top 4-Hers and would like you to serve as a reference for his/her application. The mission of the Illinois 4-H Youth Development program is to help youth learn skills for life. The program develops youth by providing an informal learning structure through which they can set goals, learn at their own pace, practice skills, develop new attitudes, and apply what they have learned. Please provide your honest comments and thoughts regarding the applicant's current abilities and character. Your comments will be kept confidential.

Please enclose this reference form in a sealed envelope with your signature across the seal and return it to the applicant for their submission with their application.

**Indicate how long and in what capacity or position you have known the applicant:**

\_\_\_\_\_  
\_\_\_\_\_

**Please use this checklist to evaluate the applicant's leadership qualities. Use the following marking system:**

**E = Excellent   G = Good   F = Fair   N = Needs Improvement   U = Unknown**

Understanding of Self	_____	Decision Making Ability	_____
Dependability	_____	Initiative	_____
Flexibility	_____	Respect for Others	_____
Communication Skills	_____	Enthusiasm	_____
Sense of Humor	_____	Independence	_____
Resourcefulness	_____	Ability to Lead	_____
Ability to Problem Solve	_____	Ability to Follow	_____
Exhibits Character	_____	Understanding of Others	_____



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**Please share your impression and knowledge of the applicant's accomplishments and why they deserve to be recognized as Top 4-Her.**

1. Does the applicant have the ability to work in a leadership role?  Yes  No  
Does the applicant have the ability to step back and follow?  Yes  No  
Give examples.
  
2. What additional skills, abilities and attributes does the applicant have?
  
3. How would you describe the applicant's willingness to work with others and learn from others?
  
4. Please provide a brief description of this applicant. What do they mean to you, club, organization, etc.? Include their growth and the personal development you have witnessed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for supplying critical information regarding this applicant!  
If you have any questions, please contact Angela Miller at 815-858-2273 or [amillr11@illinois.edu](mailto:amillr11@illinois.edu).  
Please return this form to the applicant in a sealed envelope with your signature across the seal.  
The applicant's packet (including your reference form and their application) is due to the Extension Office by **October 15**.

University of Illinois \* U.S. Department of Agriculture \* Local Extension Councils Cooperating  
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\*The 4-H name and emblem are protected under 18 U.S.C. 707.



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