



## EXISTING 4-H CLUBS

# WISCONSIN 4-H ANNUAL CHARTER RENEWAL

### **DIRECTIONS**

4-H Club Charters will be renewed for January 1 to December 31 of each year. Charters will be based on the completion of this “Wisconsin 4-H Annual Charter Renewal” packet for existing 4-H Clubs.

All sections in this *seven-page* packet must be completed by the club leadership team. It is highly encouraged that youth officers be involved in this process. All information provided will be used by staff. Thank you for your time in being complete.

To be authorized to use the 4-H name and emblem, *all* 4-H Clubs must complete and return this packet by **December 1** to the County UW-Extension Office.

### **Why Are Charters Necessary?**

University of Wisconsin-Extension grants 4-H Charters, which formally recognize a group’s affiliation with 4-H and grant that group permission to use the 4-H name and emblem. To be a chartered 4-H Club in Wisconsin, the following requirements need to be met and maintained:

- Club name
- Five or more youth from at least three families
- Adult leadership that has been approved through the Youth Protection process
- Educational plan which meets the purposes of the 4-H program
- Youth involvement in leadership and decision-making
- Meet on a continuing basis
- Have written operating guidelines, bylaws or constitution approved by members to govern the club
- Open to any youth eligible for 4-H membership, regardless of race, color, creed, religion, sex, national origin, disability, ancestry, sexual orientation, pregnancy, and marital or parental status.

*Sources: Wisconsin 4-H Youth Development Policies; National 4-H Policies and Regulations: Using the 4-H Name and Emblem; What is a 4-H Club?; Charters: The Key to Official Recognition?; and Tax Exempt Status for 4-H Clubs and Affiliated Organizations.*

### **WISCONSIN 4-H GREEN GUARANTEE**

4-H Charters also ensure that groups using the 4-H name and emblem are meeting the following components of the “Wisconsin 4-H Green Guarantee” and providing opportunities for 4-H members to develop and learn through 4-H.

In Wisconsin, 4-H Clubs *guarantee* youth members the opportunities to:

- Develop positive relationships with peers and adults;
- Be actively involved in their own learning;
- Contribute as active citizens through community service and leadership;
- Develop skills that will help them succeed;
- Recognize, understand and appreciate others;
- Have fun.



EXISTING 4-H CLUBS  
4-H CLUB LEADERSHIP INFORMATION

County: \_\_\_\_\_

Name of 4-H Club: \_\_\_\_\_

Date/Year the 4-H Club began: \_\_\_\_\_

Name of main 4-H Club contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Co-Leader(s) / Assistant(s): \_\_\_\_\_

Co-Leader(s) / Assistant(s): \_\_\_\_\_

Co-Leader(s) / Assistant(s): \_\_\_\_\_

Officers: (please complete those applicable to your 4-H Club)

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

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

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

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

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

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

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

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

Did one or more leader(s) from your club attend the annual club leadership team training?

Yes  No If yes, please list names: \_\_\_\_\_

\_\_\_\_\_



EXISTING 4-H CLUBS  
4-H CLUB MEETING INFORMATION

Regular 4-H Club meeting time: Day of month: \_\_\_\_\_ Time: \_\_\_\_\_

Location where 4-H Club meetings normally will be held: \_\_\_\_\_

Is the meeting site handicap accessible?  Yes  No



EXISTING 4-H CLUBS  
SUMMARY OF PAST YEAR ACTIVITIES

What was included in your monthly meeting routine? (Please check *all* that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Business meeting | <input type="checkbox"/> Educational program               |
| <input type="checkbox"/> Food/snacks      | <input type="checkbox"/> Sharing/get acquainted activities |
| <input type="checkbox"/> Recreation/games | <input type="checkbox"/> Project meetings                  |
| <input type="checkbox"/> Demonstrations   | <input type="checkbox"/> Other: _____                      |

How did you communicate with families in your 4-H Club? (Please check *all* that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Phone tree          | <input type="checkbox"/> Club meeting announcements            |
| <input type="checkbox"/> E-mail              | <input type="checkbox"/> Website – Club or County (circle one) |
| <input type="checkbox"/> Club newsletter     | <input type="checkbox"/> Other: _____                          |
| <input type="checkbox"/> Letters / postcards |  |

How did your 4-H Club help *new* families?

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How did your 4-H Club involve *youth* in making decisions?

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How did your 4-H Club assist *new* leaders?

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Please list the *community service* activities your 4-H Club completed in the past year.

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Wisconsin 4-H Policies state that every 4-H Club must have written operating guidelines or bylaws. Do you have written operating guidelines or bylaws?

- Yes       No

Please attach *one copy* of your 4-H Club’s written operating guidelines or bylaws to this form.

By signing this, we *agree* to make all reasonable efforts to assure participation in our 4-H Club is open year-round to all interested youth (of eligible 4-H grade) and adults regardless of race, color, creed, religion, sex, national origin, disability, ancestry, age, sexual orientation, pregnancy, and marital or parental status.

\_\_\_\_\_  
*Organizational Leader Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*4-H Club President Signature*

\_\_\_\_\_  
*Date*



## EXISTING 4-H CLUBS

### 4-H CLUB CALENDAR PLANNER

Upcoming Planning Year: \_\_\_\_\_ 4-H Club: \_\_\_\_\_

4-H Club *Goals* for the Year (E.g. increase membership, three educational speakers throughout the year, two club family activities, increase attendance at meetings, new community service project.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*Note:* If your 4-H Club uses a different calendar document, feel free to attach that instead of completing the following calendar planner.

Month	Meeting Logistics	Meeting, Event, Activity*	Committee Person(s) Responsible
SAMPLE	September 12, 7:00 p.m. Clover Center Town Hall	<i>Business Items:</i> Election of Officers, Community Service idea for fall, form Holiday Party Committee <i>Education/Program:</i> Guest speaker, Clover Center Police Officer <i>Recreation/Refreshments:</i> Smith Family	Mrs. Smith Jane Heart
SAMPLE	December Clover Center Town Hall	Club Holiday Party	Co-Chairs of Holiday Party Committee - Kelly Heart and Cindy Jones
October			
November			
December			

\* The three parts of *effective* 4-H meetings are business, education and recreation

<b>Month</b>	<b>Meeting Logistics</b>	<b>Meeting, Event, Activity</b>	<b>Committee Person(s) Responsible</b>
January			
February			
March			
April			
May			
June			
July			
August			
September			



## Accounts Information

### Checking Account Information

Account Name (exactly as it appears on the bank statement) \_\_\_\_\_

Bank Name and Location \_\_\_\_\_ Account Number \_\_\_\_\_

### Savings Account Information

Account Name (as it appears on the bank statement) \_\_\_\_\_

Bank Name and Location \_\_\_\_\_ Account Number \_\_\_\_\_

### Other Account Information (if applicable)

Account Name (as it appears on the bank statement) \_\_\_\_\_

Bank Name and Location \_\_\_\_\_ Account Number \_\_\_\_\_

**Authorization** – Names of people authorized on any accounts. It is strongly recommended that each account have two or more unrelated people authorized on all accounts. One youth and one adult are recommended.

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

Is there anybody else that may be handling/collecting money in your club during the 4-H year? (E.g., club leaders helping with fundraisers)

If yes, please list:

\_\_\_\_\_

## Financial Report Signatures

**Completed by:** \_\_\_\_\_  
General Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Club Treasurer Signature \_\_\_\_\_

This financial report must be audited by an adult unrelated to the person who completed the report and who is not directly involved with the club's finances. The auditor must review and verify all accounts. **It is suggested that two people review the books; one auditor signature is required.**

*"I have reviewed the pertinent records relating to the above financial accounts, verified the information and believe that the balances shown are correct."*

**Audited by:** \_\_\_\_\_  
Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: Upon dissolution, 4-H Clubs with assets must turn over those funds to a recognized 4-H Club or Group with the approval of a County UW-Extension staff member responsible for oversight of the 4-H program.*



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