|  |  |  |
| --- | --- | --- |
| **The 4-H Office wants to know about your 4-H experience. This is so we can see how young people grow and learn.**  **If you agree, information from these surveys can be used for research. We will make sure your answers to surveys are anonymous. This means that people will not know who wrote it.**  **You can choose not to participate if you wish; there are no consequences for not participating.**  **You can ask questions about this survey at any time. If you have questions, please contact XXX** | | |
| Choose One | Yes, I agree to be part of the study | No, I do not agree to be part of the study |
| Name |  | |
| County |  | |
| Club/Program Name |  | |
| Date | \_ | |
| **This survey should be completed by youth only. You may choose not to answer any question you are not comfortable with.** | | |
| What is your age & grade? | **Age:** | **Grade:** |
| What is your gender? |  | |
| Are you... (Select ALL that apply) | African American/Black  Asian  Native American/Alaskan Native | Native Hawaiian/Other Pacific Islander  White  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you... (Select ONE) | Hispanic/Latino | Not Hispanic/Latino |
| Where do you live? (Select ONE) | Farm  Rural (non-farm residence/town under 10,000) | Town or City 10,000-50,000  Suburb of a City over 50,000  City over 50,000 |
| How many years have you been participating in 4-H? (Select ONE) | This is my first year  This is my second year | Three or more years |
| How many hours do you typically spend on 4-H activities each week? (Select ONE) | Less than 1 hour  2 hours  3 hours | 4 hours  5 or more hours |
| What types of 4-H programs or projects are you involved in? (Select ALL that apply) | Clubs  Camps  After-school programs  Special interest clinics or workshops | Web-based or online programs  Local fairs/events  Community service projects  Working on my projects at home  Other |
| What projects are you in? |  | |