



**Nebraska 4-H Youth Multimedia Team
Nomination Signature Form**

To be completed by individuals applying as a
Youth Multimedia Member

Applicant

I have read the Nebraska 4-H Youth Multimedia Team Fact Sheet and understand to the best of my ability the responsibilities of team members and individuals.

(Date)

(Print Name)

(Signature)

Parent

I have read the Nebraska 4-H Youth Multimedia Team Fact Sheet and understand to the best of my ability the responsibilities of team members and individuals.

(Date)

(Print Name)

(Signature)

University of Nebraska—Lincoln Extension, County Staff Member

I nominate this individual to be a part of the Nebraska 4-H Youth Multimedia Team.

(Date)

(Print Name)

(Signature)

