



County \_\_\_\_\_ Date \_\_\_\_\_

## 4-H Volunteer Impact and Essential Elements Survey



Your response to the survey will help us understand the intermediate and long-term impacts of the 4-H experience.

### Volunteer Impact

**Directions:** Please check the box that best describes your skill level in each of the following activities before you became a 4-H leader and now.

**P = Poor**

**F = Fair**

**G = Good**

**E = Excellent**

	Before I became a 4-H Leader...				Now...			
	P	F	G	E	P	F	G	E
1. My skills for delivering an educational program to youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My planning and organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My experiences as a volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Essential Elements

**Directions:** Please answer the following questions about your 4-H club members this year by checking one box for each question.

How many club members...	None	A few	Most	All
1. re-enrolled from last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. were involved in at least one community service activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. feel a sense of belonging with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. grew in their skills or abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. made decisions for their club?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. learned new skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the questions on the back of the survey.

## Background Questions

Please help us better understand your response by answering the following questions about your 4-H volunteer experiences.

1. How many years have you been a 4-H leader? \_\_\_\_\_

**Questions 2 to 5:** Please answer by checking one box for each question.

2. What type of club do you lead?

Community club (many different projects)

Single project club. Name your club's project: \_\_\_\_\_

On average, how many hours...?	None	1-5	6-10	11-15	16-20	21-25	25 +
--------------------------------	------	-----	------	-------	-------	-------	------

3. do you volunteer in 4-H each <u>month</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

4. of 4-H leadership or management training do you receive each <u>year</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

5. of subject or project specific-training do you receive each <u>year</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

6. Where do you receive 4-H leadership or management training? (**Check all that apply.**)

county

area

state

regional

on-line

Other (Please describe: \_\_\_\_\_)

7. What is the best thing about being a 4-H Leader?

8. What is the worst thing about being a 4-H Leader?

Thank you for completing this survey.