



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 +
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3. do you volunteer in 4-H each <u>month</u> ?	<input type="checkbox"/>						
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4. of 4-H leadership or management training do you receive each <u>year</u> ?	<input type="checkbox"/>						
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5. of subject or project specific-training do you receive each <u>year</u> ?	<input type="checkbox"/>						
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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.