**Dane County 4-H Youth Development**

**“Care to Share” Form**

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This form has been designed to help provide the Dane County 4-H Youth Development program with valuable input. Once completed, this form will be distributed to the appropriate committee, project, individual, etc.

Forms without all three sections and signature complete will be disregarded.

**Section #1: Describe the facts of the current situation: who, what, where & when**

**Section #2: Describe the circumstance, or if applicable, the problem with the current situation:**

**SECTION #3: Give your suggestion(s) for a possible solution if one is needed. What steps have you taken personally to address the situation? Or, if you would like to commend someone or a program/group, please share that feedback here.**

**Please Print -**

**Name of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E­mail address of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Please return completed forms to:**

**Dane County UW-Extension**

**4-H Youth Development “Care to Share”**

**5201 Fen Oak Dr., Suite #138**

**Madison, WI 53718**

*Adapted from Adams County 4-H Youth Development & Kenosha County 4-H Youth Development*