



Youth Representative Application

Thank you for your interest in being a Youth Representative for the Nigerian Dairy Goat Association. Please complete this application form and mail to: Youth Committee Chairperson James Craft, PO Box 1045, Gilmer, TX 75644 by December 31 of this year.

Youth Reps are expected to:

- Submit information/article quarterly for the Nigerian Goat News and NDGA website
- Promotional activities (e.g., visit schools, ag. events)
- Participate in at least one NDGA sanctioned show per year.
- Attend local shows or fairs and offer their assistance.
- Possess a strong knowledge of dairy goats and the Nigerian Dairy Goat Association
- Participate in youth committee discussions, surveys and activities.
- Attend NDGA Nationals when held in their district (if their schedule allows)

Part I: Information (please print! We'll be unable to contact you if we can't read your writing.)

Full Name _____ Email _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Name of School _____ Current Grade _____

Can we share your phone & email information with other teens in the program? Yes No

Date of Birth: _____ (You must be 12-19 years old by February 1 to participate)

Shirt Size (check one) YM YL AS AM AL AXL AXXL

Number of years involved with Nigerian Dwarf Goats? _____ Goats in general? _____

Are you or is your family a member of NDGA? _____ Number of goats? _____

Number of NDGA sanctioned shows you attend annually? _____

Which NDGA district do you reside in? (check one) 1 2 3 4 5 (see map on next page)

Part II: Short Answer Questions

Please answer both questions. Your answers should be no more than 120 words each, typed and double-spaced. Please submit answers on a separate piece of paper with your application. (Be sure to put your name at the top of the separate paper.)

A. Why do you want to be a District Youth Representative with NDGA?

B. How would you describe an excellent District Youth Representative?

(Continued)

Part III: Recommendations

Who will be providing your recommendation? **He/She must be over 21 and not related to you** (i.e. minister, extension agent, coach, vet, mentor, etc.)

Name: _____ Relationship: _____

Email: _____ Phone: _____

Your Signature: _____ Date: _____

If under the age of 18,

Parent Signature: _____ Date: _____

