

2024 Ohio 4-H Health HEROES Contract

Ohio 4-H Healthy Living

	I, agree to actively participate in Ohio 4-H Health HEROES. I understand that I must follow the Ohio 4-H Code of Conduct. If at any time I feel I cannot fulfill my responsibilities as a Health Hero, I will immediately notify the State 4-H Healthy Living Educator.
Attend all required trainings of Ohio 4-H Health HEROES (see schedule on website) I understand that I must not have more than 1 unexcused absences during the year otherwise, I may be removed from the program. To have an excused absence I, not my parents or friends, must let the State 4-H Healthy Living Educator know about my absence. If I miss a meeting it is my responsibility to reach out and find out what I must do to make-up for the meeting I missed. Be currently enrolled in 4-H and in grades 9-12 at the beginning of the 2023-2024 academic school year. Be available to serve as a 4-H Health Hero from October 2023 through August 2024. Complete teaching and/or advocacy activities promoting healthy living in your local community. Have a local trusted adult 4-H volunteer or OSU Extension Employee as an Adult Mentor. Keep up-to-date on 4-H Health Hero activities by consistently checking and responding to communication from program staff in a timely manner. Be interested in learning about healthy eating, leading an active lifestyle, and other health-related topics. Be excited to teach others about nutrition, physical activity, mental health, and drug prevention. Create an "Action Plan" to impact health in your local community, record activities conducted, and report to State 4-H Healthy Living Educator. Present your results and findings of conducting your "Action Plan" at the Ohio State	As an Ohio 4-H Health Hero, I agree to the following (please ✓ once you've read):
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Contract continued...

As an Ohio 4-H Health Hero, I agree to the following (please ✓ once you've read):
Character Agreement
Be responsible and trustworthy.
Be passionate about making a difference in your community.
Actively share the message of Healthy Living within your local 4-H clubs and/or school clubs.
Model healthy eating and physical activity to family, friends, and 4-H members.
4-H HEALTHY LIVING
I have read this contract and understand the roles, responsibilities, and character I will be expected to fulfill as an Ohio 4-H Health Hero. If I fail to meet any of these commitments, I understand that I may be removed as an Ohio 4-H Health Hero by the State 4-H Healthy Living Educator.
Signature Date



Parent/Guardian Signature



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Date