



HALL COUNTY 4-H CLOVER KIDS HEAD, HEART, HANDS & HEALTH RECOGNITION PROGRAM

Clover Kid Name: _____

4-H Age (age January 1): _____ Years in Clover Kids: _____

Complete this side at the beginning of the 4-H year.

HEAD

(learning to learn, decision making, problem solving, goal-setting, planning and organizing)

Ideas: Organize your room, plan an activity/ trip with an adult.

HEART

(relating to and caring about others)

Ideas: Write a thank you note, take food to someone who is ill,
learn to take care of an animal, nature or your neighborhood.

HANDS

(giving through community service and volunteering, working together, being a responsible citizen)

Ideas: Participate in a community service project, participate in your church service,
visit nursing home residents, recycle cans, plastic or paper.

HEALTH

(living with healthy lifestyle choices, being self-disciplined, showing good character, building self esteem)

Ideas: Make healthy snack choices, be active, make safety important (bicycle, kitchen, bathroom).

After reading the ideas above, plan two things that you will do this year.

1 _____

2 _____

Complete this side at the end of the 4-H year and turn in to the Extension Office by October 1.

Share the two activities that you did and what you learned from those activities.
Two or three sentences is enough.

What was the activity? What did you learn?

What was the activity? What did you learn?

I have reviewed this form and find it complete and accurate, to be submitted for the Head, Heart, Hands and Health recognition program. (Please return form to the Extension Office by October 1.)

Clover Kid Signature

Parent/Leader Signature

Date