



When feasible, all efforts are to be made to encourage and provide reasonable accommodations for persons with disabilities in 4-H YDP activities.

Directions: This form is to be completed by individuals requesting an ADA accommodation. The form must be turned into the 4-H adult volunteer and/or 4-H YDP staff contact for the event, activity or meeting that would require accommodation. All 4-H ADA Accommodation requests must be sent to the UCCE 4-H staff who will assist the 4-H adult volunteer in making the appropriate accommodation. Requests should be kept on file for the current year.

Request Date: _____ (Day/Month/Year)

Individual requesting an accommodation: _____
(Last Name, First Name)

Role: 4-H Member 4-H Adult Volunteer Other (please describe) _____

County: _____

4-H Club(s) (if applicable): _____

Project(s) (if applicable): _____

Date(s) of event/activity/meeting where accommodation is requested: _____

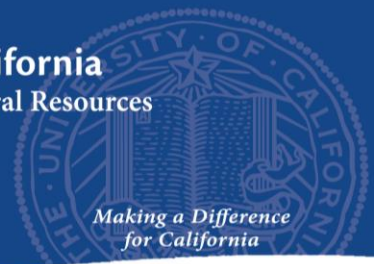
Name of event/activity/meeting: _____

Address of event/activity/meeting: _____

Type of Accommodation Requested: (please attach typed document if additional space is needed)

Request submitted by: _____





Phone: _____ Email: _____

******Incomplete/illegible forms will be returned to individual for correction and resubmission.***

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