



# CARE TO SHARE FORM

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Updated November 2017

## Background:

Developing a system for communication / documentation is absolutely critical to the health and wellbeing of any organization. In order to provide a systemized approach to communication / documentation in the 4-H Youth Development program, the Care to Share form was developed as a simple tool that could be used by members, volunteers, parents and the general public. When properly used, a communication / documentation tool like the “Care to Share” form allows 4-H Youth Development professionals to provide proper oversight of the program while remaining neutral in personal disputes in order to foster positive relationships with all involved. It is important to remember that the “Care to Share” form is just a communication / documentation tool and it does not replace methods.

*It is also important to note that when a USDA , a University of Wisconsin-Extension or a Wisconsin 4-H Youth Development policy is violated, the 4-H Youth Development professional is required to take action and render a decision regardless of how this violation is reported.*

## Use of the Care to Share Form

When members, volunteers, parents or the general public has expressed an idea, opinion, suggestion or concern regarding the 4-H Youth Development program, they should be encouraged to complete the “Care to Share” form to clearly document their thoughts or feelings. Copies of completed forms should then be distributed to the most appropriate group or individual for their consideration. Original forms should be kept on file at the UW-Extension office.

## For more Information

If you have any questions about the appropriate use of the “Care to Share” form, please contact a 4-H Youth Development Liaison.



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# WISCONSIN 4-H YOUTH DEVELOPMENT **CARE TO SHARE FORM**



This form has been designed to provide valuable input to Wisconsin 4-H Youth Development programs. Once completed and submitted, this form will be distributed to the most appropriate individual or group to address the issue or concern. All sections (including contact information) must be completed. ***Incomplete forms will be disregarded.***

**SECTION #1: Describe the current situation:**

**SECTION #2: Describe the problem with the current situation:**

**OVER**

**SECTION #3: Give your suggestion(s) for a possible solution:**

***Please Print:***

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

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

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

E-mail address of person completing form: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return completed forms to your local UW-Extension Office.**



**UW  
Extension**  
University of Wisconsin-Extension

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