



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)

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Request submitted by: \_\_\_\_\_





Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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