

## **Care to Share Form**

**Updated July 2020** 

Developing a system for communication / documentation is critical to the health and well-being of any organization. In order to provide a systemized approach to communication / documentation in the Wisconsin 4-H 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 members, volunteers, parents or the general public have expressed an idea, opinion, suggestion or concern regarding the Wisconsin 4-H 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.

Completed forms should be submitted to the local county 4-H Program Educator.

Section 1: From your perspective please describe the situation:

| dection 1. I form your perspective, prease describe the situation. |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Section 2: Describe the problem with the current situation:        |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

| Section 3: Give your suggestion(s) for a possible solution: |                |                       |          |  |  |  |
|---|----------------|-----------------------|----------|--|--|--|
|   |                |                       |          |  |  |  |
|   |                |                       |          |  |  |  |
|   |                |                       |          |  |  |  |
|   |                |                       |          |  |  |  |
|   |                |                       |          |  |  |  |
|   |                |                       |          |  |  |  |
|   |                |                       |          |  |  |  |
|   |                |                       |          |  |  |  |
|   |                |                       |          |  |  |  |
|   |                |                       |          |  |  |  |
|   |                |                       |          |  |  |  |
|   |                |                       |          |  |  |  |
|   |                |                       |          |  |  |  |
| Please Print:   |                |                       |          |  |  |  |
| Name of person completing                                   | form:          |                       |          |  |  |  |
|   |                |                       |          |  |  |  |
| Street Address:   |                |                       |          |  |  |  |
| City:   | State:         | Zip:                  |          |  |  |  |
| Oity.   | Otate.         |                       | Ζιρ.     |  |  |  |
| Phone Number:   |                | Email Address:        |          |  |  |  |
|   |                |                       |          |  |  |  |
| County:   |                |                       |          |  |  |  |
|   |                |                       |          |  |  |  |
|   |                |                       |          |  |  |  |
|   | Signature or I | Electronic Signature¹ | <br>Date |  |  |  |
| i iiit ivaiiie  | Signature or t | Licelionic Signalule  | Dale     |  |  |  |

<sup>1</sup>US code to 7001 (a)(1):

- (a) In general Notwithstanding any statute, regulation, or other rule of law (other than this subchapter and subchapter II), with respect to any transaction in or affecting interstate or foreign commerce
  - (1) a signature, contract, or other record relating to such transaction may not be denied legal effect, validity, or enforceability solely because it is in electronic form;

The University of Wisconsin–Madison does not discriminate in its employment practices and programs and activities on a variety of bases including but not limited to: age, color, disability, national origin, race, or sex. For information on all covered bases, the names of the Title IX and Americans with Disabilities Act Coordinators, and the processes for how to file a complaint alleging discrimination, please contact the Office of Compliance, 361 Bascom Hall, 500 Lincoln Drive, Madison WI 53706, Voice 608-265-6018, (relay calls accepted); Email: <a href="mailto:uwcomplianceoffice@wisc.edu">uwcomplianceoffice@wisc.edu</a>. © 2019 Board of Regents of the University of Wisconsin System