Maryland 4-H Diamond Clover Award Program
Level Three (Ruby) - Plan & Report

Name ________________________________________________ Phone __________________
Address ______________________________________________________________________
Town/State/Zip ________________________________________________________________
4-H Unit (County/City/Military 4-H Program) ________________________________________
Club(s) _______________________________________________________________________
Age _____ Birth Date _______________ Years in 4-H _____ (including this year)

Level Three Diamond Clover Plan (complete at the beginning of the 4-H year)

Check at least five tasks/skills you plan to accomplish this 4-H year:
   ____ Attend at least 60% of club meetings
   ____ Help with a club or community service-learning project
   ____ Help with a club or community fundraiser
   ____ Participate in a 4-H Communications event.
   ____ Attend at least two local 4-H unit (County/City/Military 4-H Program) activities
   ____ Attend a resident camp or overnight experience representing 4-H
   ____ Attend at least one regional or state 4-H event
   ____ Complete at least one 4-H project from a project area not previously worked in

I have reviewed this plan and find it complete, accurate and adequate to meet the requirements of Level Three (Ruby) of the Maryland 4-H Diamond Clover Award Program.

4-H Member Signature ___________________________________________ Date ___________
Parent/Guardian Signature ________________________________________ Date ___________
Club Leader Signature ___________________________________________ Date ___________

---------------------------------------------------------------------------------------------------------------------

Level Three Diamond Clover Report (complete at the end of the 4-H year)

List the tasks completed/skills learned and the date completed below.

First Task/Skill _________________________________________________ Date __________

Explain what you did/learned: _____________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Continued on next page
(Attach additional pages as needed)

Revised 3/08 – dht
Second Task/Skill __________________________________________ Date _____________
Explain what you did/learned: ________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Third Task/Skill __________________________________________ Date ______________
Explain what you did/learned: ________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Fourth Task/Skill __________________________________________ Date _____________
Explain what you did/learned: ________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Fifth Task/Skill ___________________________________________ Date ______________
Explain what you did/learned: ________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I have reviewed this report and find it complete, accurate and meeting the requirements of
Level Three (Ruby) of the Maryland 4-H Diamond Clover Award Program.

4-H Member Signature __________________________________________ Date _____________
4-H Parent/Guardian Signature __________________________________________ Date _____________
4-H Club Leader Signature __________________________________________ Date _____________

University of Maryland Extension programs are open to all citizens without regard to race, color, gender, disability, religion, age, sexual orientation, marital or parental status, or national origin.

Revised 3/08 – dht