Maryland 4-H Diamond Clover Award Program
Level Five (Emerald) - 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 Five Diamond Clover Plan (complete at the beginning of the 4-H year)
Check at least seven tasks/skills you plan to accomplish/learn this 4-H year:

____ Attend at least 60% of club meetings
____ Serve as a club/group officers, committee chair or teen leader
____ Provide leadership for a club service-learning project
____ Provide leadership for a club fundraiser
____ Provide leadership for a local 4-H unit (County/City/Military 4-H Program) activity or event
____ Compete in the county public speaking contest
____ Attend at least one state 4-H event
____ Help a younger member with a project exhibit or demonstration
____ Attend a resident county, regional or state 4-H camp
____ Participate in an Interstate Exchange
____ 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 Five (Emerald) of the Maryland 4-H Diamond Clover Award Program.

4-H Member Signature ___________________________________________ Date ___________
Parent/Guardian Signature ________________________________________ Date ___________
Club Leader Signature ___________________________________________ Date ___________
4-H Educator Signature __________________________________________ Date ___________
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Level Five 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

Equal opportunity employer and equal access programs
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: ____________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Sixth Task/Skill _____________________________________________ Date ______________
Explain what you did/learned: ____________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
S Seventh Task/Skill ______________________________________ Date _____________

Explain what you did/learned: _____________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Additional Task/Skill________________________________________ Date ______________

Explain what you did/learned: _____________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Additional Task/Skill_________________________________________ Date _____________

Explain what you did/learned: _____________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

I have reviewed this report and find it complete, accurate and meeting the requirements of
Level Five (Emerald) 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 _________

4-H Educator Signature ____________________________________________ Date _________

Use the back of this page if additional space is needed