



AEHC District Director Nomination Form

In odd-numbered years, return this form and attachments to your AEHC District Director by May 15.

I propose for the office of (name of district): _____ District Director

Name _____ County _____

Address _____

City _____ State AR Zip Code _____

Phone _____ Email Address _____

QUALIFICATIONS

1. Number of Years in Extension Homemakers _____

2. Any nominee eligible for any District Director must have previously served as an elected officer of a County Council or as an Associate District Director. Please list elected offices held:

Local Office held _____ Date _____

County Office held _____ Date _____

State Office held _____ Date _____

3. Please list important committee assignments:

State Committee _____ Date _____

State Committee _____ Date _____

4. Has the nominee given her or his consent in writing? _____ If yes, please attach.

5. Nominees are required to attend the Annual State Meeting at which the election is held. Nominees will be introduced at the first general session and at the Board of Directors Meeting. They will be notified if they are to speak.

Will this nominee attend this meeting? _____

6. Is the nominee free to represent AEHC at meetings other than AEHC meetings? _____

7. Is the nominee proficient in parliamentary procedure? _____

8. Has the nominee shown leadership in organization and planning? _____

If so, give examples.

9. List community activities in which the nominee participates:

- ◆ Attach a statement giving the nominee's qualifications for the office sought including experiences in leadership roles in EHC and other organizations. This should not exceed one page.
- ◆ Attach the statement of nominee's consent (see FCS 745) and endorsement by the appropriate officer of the County Extension Homemakers council and the County Extension Agent – Family and Consumer Sciences.

This form was completed by:

_____ An elected County Extension Homemakers Officer

Address _____

City _____ State AR Zip Code _____ County _____

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