

AEHC State Officer Nomination Form

FCS-744



In even-numbered years, send this completed form and attachments to the EHC Administrative Specialist at the state extension office, 2301 South University Ave., Little Rock, AR 72204 no later than May 15th.

I propose for the office of (name of state office): _____

Name: _____ County _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Qualifications

1. Number of Years in Extension Homemakers: _____

2. Any nominee eligible for President-Elect must have previously served on the State Board of Directors withing the preceeding five years and have served as a County Council President. Any nominee for other state offices must have previously served as an elected officer of a County Council. 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 Consumer Sciences.

This form was completed by: _____
An elected County Extension Homemakers Officer

Address _____

City _____ State _____ Zip Code _____ County _____