



### 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.

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9. List community activities in which the nominee participates:

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- ◆ 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:

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An elected County Extension Homemakers Officer

Address -----

City ..... State ..AR..... Zip Code ..... County -----

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