Committee Member Nomination Form

Name of SEA Committee __________________________________________________________

Please complete the following information about the individual being nominated to the SEA
Committee and submit to Department Head for approval.

Name ________________________________________________________________
Phone ________________________________________________________________
Address ________________________________________________________________
Office Phone ___________ Fax _____________ E-mail __________________________

Related Experience and Employment
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What is this individual’s interest in the ________ SEA Committee?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

How can this individual contribute to the ____________ SEA Committee?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Other Volunteer Commitments
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Nominated By ___________________________ Date _____________________________

Approvals Required:

Department Head ___________________________ Date ___________________________

Associate Director ___________________________ Date ___________________________

The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, national origin, religion, gender, age, disability, marital or veteran status, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer.

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