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**MISSISSIPPI 4-H VOLUNTEER LEADERS’ ASSOCIATION OFFICER NOMINATION FORM**

All MVLA elected officers will be voted on during the Business Meeting held at the Annual 4-H Volunteer Leaders’ Association’s Leadership Conference according to the following schedule: **The President-Elect and Secretary will serve two year terms and will be elected on *even* years. The Treasurer will serve a two year term and will be elected on *odd* years. The Vice-President and Parliamentarian will be elected *annually*.**

Four (4) Assistant District Coordinators will also be elected by MVLA members from their specific Extension District during the Business Meeting held at the Annual 4-H Volunteer Leaders’ Association Leadership Conference. Assistant District Coordinators must live in their respective District and must be a member of MVLA.  This position is a three (3) year term in which they will serve their first year as Assistant District Coordinator, their second year as the District Coordinator-Elect, and their third year as the District Coordinator.

Nominees must be present at the MVLA Annual Business Meeting and be prepared to present a (3) minute speech. Nominees must be a Registered 4-H Volunteer Leader.

***Nominations must be received in the State 4-H office by January 31, 2025.***

**Email completed form to the State 4-H office to Rebecca Perkins at** [**rap1@msstate.edu**](mailto:rap1@msstate.edu)**.**

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**MISSISSIPPI 4-H VOLUNTEER LEADERS’ ASSOCIATION OFFICER NOMINATION FORM**

Please complete the information below:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ recommend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County: to serve as:

Please check one:

President-Elect\_\_n/a\_\_\_\_ Vice President \_\_\_\_\_\_\_\_\_

Secretary \_\_n/a\_\_\_\_\_\_ Treasurer \_\_\_\_\_\_\_\_\_\_\_\_

Parliamentarian \_\_\_\_\_\_\_\_\_ Assistant District Coordinator \_\_\_\_\_\_\_\_\_ Region\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Years Served as a 4-H Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List major qualifications of the volunteer (include previous experience on similar committees in the county or in other organizations – attach additional pages if necessary).

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Nominator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extension Agent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Email completed form by January 31, 2025 to Rebecca Perkins at***  [**rap1@msstate.edu**](mailto:rap1@msstate.edu)**.**