



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.



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).

Nominator's Signature: _____ Date _____

Extension Agent Signature: _____ Date _____

Email completed form by *January 31, 2025* to Rebecca Perkins at rap1@msstate.edu.