

4-H VOLUNTEER RESUME

(Limited to two pages, one side only)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ County _____

4-H Youth Experience: (years as a member, projects, very brief highlights of leadership or exemplary awards—information purposes not considered for receiving the Outstanding Volunteer Award)

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Community 4-H Club or Other Local 4-H Roles: (Summary of years, roles & organizations)

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County 4-H Leadership Roles: (Summary of years, roles & organizations)

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State/District 4-H Leadership Roles: (Summary of years, roles & organizations)

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4-H Resource/Fundraising/New Initiatives Roles:

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Other Community Service Projects/Volunteer Roles (non 4-H):

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Current Professional Position (if retired, use last job information) (information purposes only)

3 Letters of Support Must be submitted with nomination packet. One letter from the following individuals: Agent/Volunteer or Parent/4-H Member.

MVLA OFFICER NOMINATION FORM

MISSISSIPPI 4-H VOLUNTEER LEADERS' ASSOCIATION

The elected officers of the Association shall consist of: President, Past President President-Elect, Secretary, and Treasurer serve a two-year term. The Vice-President and Parliamentarian serve a one year term. The District Coordinators serve a three-year term. Nominees must be present at the annual business meeting in February and be prepared to present a (3) minute speech on their nominated position.

You are invited to nominate an adult volunteer to serve as an officer.

I, _____ recommend: _____

County: _____ to serve as: *(Please Check one)*

- _____ **President Elect**
- _____ **Vice President**
- _____ **Secretary**
- _____ **Parliamentarian**
- _____ **NE Asst. Coordinator**
- _____ **NW Asst. Coordinator**
- _____ **SE Asst. Coordinator**
- _____ **SW Asst. Coordinator**

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).

Volunteer Signature: _____

Extension Agent Signature: _____

**MAIL TO: Center for 4-H Youth Development
Box 9641
Mississippi State, MS 39762**

Email: tammy.parker@msstate.edu

Please mail or email your application by **February 1, 2022**