**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)

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

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

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

**4-H Resource/Fundraising/New Initiatives Roles**:

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

**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**](mailto:tammy.parker@msstate.edu)

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