



National Volunteer Outreach Network, INC.

Affiliated With

Country Women's Council USA. * Associated Country Women Of The World

Member organizations working together to promote communication, education and volunteerism for all people.

NVON NOMINATION FORM

STATE: _____

DATE: _____

For the office of: _____

Name of Nominee: _____

Phone: _____

Address: _____
Street State Zip E-mail

Positions nominee has held on State Board: _____

Other background and experiences which have relevance to the office: _____

The nominee must attach a statement of her qualifications and the reason she would like to have the position.
The nominee is to include a 5 x 7 photograph.

Nominee will be asked to give a 2 to 3 minute talk at the annual conference as to her goals for and why she would like to serve NVON.

(Signature of Nominee)

(Signature of State President)

Nominations must be made and received by the NVON Nomination Chair forty-five (45) days prior to the NVON Annual Business Meeting.

President-Elect: ____ For one-year term, must be a member of NVON and have served as President of a NVON affiliated state.

Vice President: ____ For three-year term, must be a member of NVON and have served as President of a NVON affiliated state.

Secretary: ____ For three-year term, must be a member of NVON and have served as an elected officer of a NVON affiliated state.

Treasurer: ____ For three-year term, must be a member of NVON and have served as an elected officer of a NVON affiliated state.

Editor: ____ For appointment of a three-year term, must be a member of a NVON affiliated state.

Wanda Denning, Nomination Chair
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