



# 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: \_\_\_\_\_

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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.

*Joyce Kluttz, Nomination Chair*

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