



National Volunteer Outreach Network, INC.

Affiliated With

Country Women's Council USA and 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) (email)

Positions Nominee has held on State Board: _____

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

The Nominee must attach a statement of qualifications and reason position is desired.

The Nominee must include a 5 X 7" photograph.

The Nomination will be asked to make a 2-3-minute talk at the annual conference as to goals and desire to serve NVON.

(Signature of Nominee)

(Signature of State Society President)

Nominations must be made and received by the NVON Nomination Committee Chair, Karen Bell Fox, no later than April 20, 2021, three months prior to the NVON Annual Business Meeting.

President-Elect: _____ For one-year term, followed by a three-year term as President; must be a member of NVON and have served as President of a NVON affiliated state

Karen Bell Fox, Nomination Chair
5120 Hwy. 212, Rison, AR 71665 Phone: 870-325-7238
karenbellfoxaehc@yahoo.com