



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: _____ Phone: _____

Name of Nominee: _____ email: _____

Address: _____
(Street) (City) (State) (Zip)

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 Chair, no later than May 26, 2025, forty-five days prior to the NVON Annual Business Meeting.

NVON Vice-President: For three-year term, must be a member of NVON and have served as state president or served on their state's Executive Committee of a NVON member organization.

NVON Treasurer: For three-year term, must be a member of NVON and have served as an elected state officer of a NVON member organization, must be eligible for bonding when required and knowledgeable in bookkeeping.

Dot Hart, Nomination Chair
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White Hall, AR 71602
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Email: dotleedunn@aol.com