



STATE SOIL CONSERVATION COMMITTEE DISTRICT SUPERVISOR NOMINATION FORM

_____ Soil Conservation District

Name of Nominee _____

Address _____

Municipality of Residence _____

Phone Number _____

Email: _____

Occupation _____

Provide the following information:

A. Nominees (Attach Resume)

1. Community Involvement: (describe groups, associations, organization membership or other activity indicating public service interest.) (add additional pages if necessary)

2. Education, experience and other relevant background: (add additional pages if necessary)

3. Describe District geographical representation balance of Supervisor Board if this Nominee is appointed: (For District Nominating Committee to complete)

B. Acknowledgement by the Nominee

The undersigned nominee hereby acknowledges that he/she understands the responsibilities of the position of **Soil Conservation District Supervisor** and that if appointed as a member of the governing body will participate to the maximum extent possible in all regular and special meetings of the district governing body and in other activities and functions related to the operation of the Soil Conservation District including the joint Annual State Conservation Conference. **The nominee also agrees to participate periodically in orientation and information sessions conducted for district supervisors by the State Soil Conservation Committee (SSCC) and other conservation agencies at state and regional levels pursuant to the SSCC Supervisor Performance Standards.**

C. Signatures

Signature of Nominee

Date

Signature of Nominating Committee Chair

Date