

KENTUCKY CITIZEN FOSTER CARE REVIEW BOARD

Executive Committee Nomination

Nomination for (check one position): State Vice Chair

Regional Representative Secretary Treasurer

Name of Candidate _____

Board(s) _____

Street _____ City _____ Zip _____

Home Phone _____ Work Phone _____

How long this Volunteer has served as a reviewer. _____

Has candidate served on the Executive Committee or other Committee?

If yes, please give details:

Other comments regarding this candidate including participation in other civic volunteer activity: _____

Does the candidate have the time required to fulfill the commitment this office requires? _____

Has the candidate agreed to serve if elected? Yes _____ No _____

Please note: The Executive Committee meets at least 4 times per year and possibly more, depending on the need and issues. Please read the job description as described in the bylaws (attached). The Secretary shall serve two years until the next general election of officers. All nominees will be contacted and must agree in writing to be on the ballot.

Must Be Postmarked by June 1ST of Current Year