

Clay County / University of Missouri Extension Council Nominee Information Form

Personal Information	
Name	Date of Birth
Address	City, Zip
Home Phone	Cell Phone
Email	Spouse/Partner

Employment Information	
Employer	
Address	City, State, Zip
Business phone	FAX
Email	

Educational Background	
High School	College
Post-secondary	Special Training

Community Activities (please list any organizations or groups you participate in and any leadership roles you have assumed)	
<i>Organizations</i>	<i>Offices or leadership positions</i>
1.	
2.	
3.	
4.	

Have you served on the University of Missouri Extension Council in Clay County or any other County before? If yes, when and where?	<input type="checkbox"/> Yes County: _____ When did you serve? _____ <input type="checkbox"/> No
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Why do you want to serve on the Clay County / University of Missouri Extension Council? What skills and expertise do you feel you can contribute to the organization?

Please return this completed form to the Clay County Extension Center: 1901 NE 48 th Street Kansas City, MO 64118 Thank you for your interest in University of Missouri Extension!
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