



North Florida Council Venturing Officers' Association Officer Nomination Form

Check the Position for Nomination:

- President
 VP of Administration
 VP of Program
 VP of Training
 Secretary
 Treasurer
 Historian

First Name _____ Last Name _____

Email _____ Home _____ Cell _____

Nominee's Primary crew/ship _____ District _____ Years in Venturing _____

Age (on 6/1) _____ Birth date ___/___/____ Grade in School _____

Why do you want to serve on the North Florida Council VOA?

Leadership Courses Completed (all positions require ILSC):

<u>Course</u>	<u>Year Completed</u>
ILSC	_____
Kodiak	_____
NYLT	_____
NAYL	_____
Woodbadge	_____



List any other Leadership Courses completed and Dates:

Advancement Completed:

<u>Award</u>	<u>Year Completed</u>
Venturing Award	_____
Discovery Award	_____
Pathfinder Award	_____
Summit Award	_____
Quest Award	_____
Ranger Award	_____
Trust Award	_____
Eagle Scout	_____
Quartermaster	_____

Please List All Other Awards Received and Dates:

Please List all Leadership Positions Held:



Are There Any Distractions that Could Potentially Interfere with Your Position Between June 1st until the End of Your Term?

My signature affirms my knowledge that I am expected to attend 85% of all VOA related activities and meetings to hold this office.

Nominee's Signature: _____ Date ___/___/___

My signature affirms that I accept this nomination for office in the North Florida Council VOA. I understand that if I am elected I am responsible for fulfilling the duties of my elected office as stated in the VOA Bylaws.

Nominee's signature: _____ Date ___/___/___

Obtain at least 3 Venturing Adults that would recommend you for this/these offices

Name	Signature
_____	_____
_____	_____
_____	_____
_____	_____