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**Volunteer Leadership Nominating Form**

*To be completed by the nominator*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nomination for:** | |  | **Market Board** | | |  | **Mission Leadership** | |
|  | |  | **Event Leadership** | | |  | **Event Committee** | |
| **Nominated by:** | | Click here to enter text. | | | | | | |
| **Date:** | | Click here to enter a date. | | | | | | |
| **Nominee’s Name:** | | Click here to enter text. | | | | | | |
| **Address:** | | Click here to enter text. | | | | | | |
| **Employer:** | | Click here to enter text. | | | | | | |
| **Email:** | | Click here to enter text. | | | | | | |
| **Phone:** | | Click here to enter text. | | | | | | |
| **Employment / Volunteer Experience (Resume may be attached):** Click here to enter text. | | | | | | | | |
| **Previous Experience with March of Dimes:** Click here to enter text. | | | | | | | | |
| **Special Skills and interests in March of Dimes:** | | | | | | | | |
|  | Nominating & Recruiting | | |  | Fundraising Campaign Leadership | | | |
|  | Volunteer Engagement | | |  | Maternal and Infant Health | | | |
|  | Advocacy and Government Affairs | | |  | Corporate Relationship Development | | | |
|  | Marketing and Mobilization | | |  | Other | | | |
| **Reviewed by:** Click here to enter text. | | | | | | | | **Date:** Click here to enter a date. |
| **Nominating and Recruiting Committee:** Click here to enter text. | | | | | | | |  |
| **Executive Director of Market Development:** Click here to enter text. | | | | | | | |  |
| **Nominating and Recruiting Committee Recommendation and Next Steps:** Click here to enter text. | | | | | | | | |

*Updated September 2020*