

Volunteer Louisiana Commission

Commissioner Nomination Form

Persons referred must meet the following criteria:

- 1. Demonstrate leadership and service in your professional life and community.
- 2. Support Volunteer Louisiana's mission: to help meet the needs of Louisiana's citizens through volunteerism and national service.
- 3. Support the initiatives outlined in our state service and strategic plan (https://www.volunteerlouisiana.gov/sites/default/master/files/public/2019-22 StateServicePlan.pdf)

			•	• ,	· ·	` '	•	a calendar year.)	
					******** READ ALL OI			*************************ON CORRECTLY	***
□ Mrs.	□ Ms.	☐ Miss	□ Mr.	□ Other _					
FIRST NA	ME:			LAST N	AME:				
MAILING A	ADDRESS: _								
CITY:		STATE:ZIP CODE:							
TELEPHO	NE :		E-MAIL:						
EMPLOYE	R / OCCUP	ATION / FIELI	D OF EXPE	RTISE :					
COMMUTT	CC INITEDEO	ette: (Please	ahaak all th	ot apply)					
		STS: (Please		,					
☐ AmeriCo	orps Commit	tee 🗆 Volun	teerism/Dis	aster Servic	es Committee	☐ Gove	rnance Cor	nmittee	
								commission with re of following question	
POLITICAL PARTY AFFILIATION:					STATE EMF	PLOYEE?	□ YES	□NO	
HOW DID	YOU HEAR	ABOUT THE	COMMISS	ION? :					
RECOMM	ENDED BY:								
		Nam			Title			Date	

PLEASE RETURN THIS COMPLETED FORM, RESUME', BRIEF BIO, AND TWO REFERENCES TO:

Address

Volunteer Louisiana Office of the Lieutenant Governor P.O Box 44243 Baton Rouge, LA 70802 E-mail: jjeansonne@crt.la.gov Phone: 225/342-2038 Phone

Fax: 225/342-0106