

# Volunteer Louisiana Commission

## Commissioner Nomination Form

**Persons referred must meet the following criteria:**

1. Support the vision and mission statement of the Office of the Lieutenant Governor, Volunteer Louisiana Commission as follows:

*The Volunteer Louisiana Commission envisions a future where the people of Louisiana are inspired to serve and are actively engaged in improving the quality of life for their fellow citizens. Therefore, it is our mission to build and sustain high quality programs that meet the needs of Louisiana's citizens and promote an ethic of service.*

2. Be available to attend meetings. (Approximately five (5) meetings in a calendar year.)

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PLEASE PRINT SO THAT WE MAY BE CERTAIN TO READ ALL OF YOUR INFORMATION CORRECTLY.

Mrs.       Ms.       Miss       Mr.       Other \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_ BUSINESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMPLOYER / OCCUPATION / FIELD OF EXPERTISE : \_\_\_\_\_

\_\_\_\_\_

COMMITTEE INTERESTS: (Please check all that apply)

AmeriCorps Program Committee                       Volunteerism/Disaster Services Committee

Governance and Development Committee

The Volunteer Louisiana Commission was created by legislative act and mandates a bipartisan commission with no more than 25 percent of the members being employees of state government. Please answer the following questions.

POLITICAL PARTY AFFILIATION: \_\_\_\_\_ STATE EMPLOYEE?     YES     NO

HOW DID YOU HEAR ABOUT THE COMMISSION? : \_\_\_\_\_

RECOMMENDED BY: \_\_\_\_\_

Name	Title	Date

  

Address	Phone

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

Volunteer Louisiana                      E-mail: [jjeansonne@crt.la.gov](mailto:jjeansonne@crt.la.gov)  
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