



COUNTY EXTENSION COMMITTEE APPLICATION

Lisa Dierks, Regional Director for UMN Extension in SE MN

Email: dierksl@umn.edu

Select One

Adult Member

Youth Member

Name: _____

Address: _____

Phone Number: _____ Email: _____

Have you held any other appointed offices in the county? If yes, please list?

Please limit your response to the following questions to the space provided:

Why do you wish to serve on the county Extension committee?

What perspectives/insights can you bring to the county Extension committee?

Please list volunteer or community involvement and indicate any leadership positions you have held.

What do you see as key educational needs or issues in the county?

Any additional background you would like to share with the county committee? *(Please provide any information you feel may qualify you for a position on the Extension Committee. This may include education, work experience, etc.)*

Certification and Release

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration as a member on the Extension Committee, and constitutes grounds for my immediate dismissal should I be appointed to the Extension Committee.

Date: _____

Signature: _____
(Do Not Print)