

CANDIDATE VERIFICATION FORM

Please complete and remit this form with your application (due June 13).

CANDIDATE VERIFICATION

If elected, I agree to fulfill my responsibilities to be the best of my ability and understand that I will be expected to participate in the events and activities listed above. Failure to attend will result in your eligibility to run for office the following year.

I also agree to abide by the listed rules for campaigning.

Candidate Signature

Date

PARENT VERIFICATION

I approve of my child's interest in the District 5 Council office.

I support their involvement and will ensure that they are actively involved in the events and/or activities of District 5 Council.

I approve of the District 5 program posting their name, photo and contact information on their website in support of voting delegates wishing to make contact with candidates.

Parent/Guardian Signature

Date

COUNTY EXTENSION AGENT VERIFICATION

I verify that the following individual and parent/guardian understands the duties and responsibilities required for election to a District 5 Council officer position.

County Extension Agent Signature

Date