

# KEHA Manual

## Appendix

**Contents:** This section contains many useful forms and information sheets for use by KEHA groups on all levels. Included is the form for submitting dues to the State Treasurer, along with the County/Area Information Sheets to submit following County and Area Annual Meetings or anytime there is a change in officers or chairmen. The KEHA Program of Work Report Forms are included in this section. Credential forms along with a contests and awards chart are also included here. This section also includes forms specific to the annual KEHA State Meeting along with pages outlining responsibilities to be assigned to areas and for voting delegates.

**NOTE: DUPLICATE THESE PAGES AS NEEDED. KEEP THESE AS ORIGINALS.**

# KEHA MANUAL

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*NOTE: All entries listed in bold were updated in 2024 and have 2024 dates in the lower right corner. These pages replace same numbered pages with dates prior to 2024.*

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**KEHA STATE  
AWARDS AND CONTESTS COVER SHEET**

**Due March 1**

**This form must be sent for each entry submitted to the state for judging.  
Please submit your contest entry bound and tabbed in a folder to the appropriate educational  
chairman.**

Name of contest entered \_\_\_\_\_

Category entered (check one):  Individual  Club  County  Area

County \_\_\_\_\_

Area \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## AWARDS AND CONTESTS Deadline/Contact Chart

CATEGORY	NAME OF CONTEST	FORMS and/or REQUIREMENTS	DEADLINE	AWARD	CONTACT PERSON
Leadership Development	Volunteer Service Units (VSUs)	<i>See Handbook 86-87 and 89-93 Forms Appendix 19-20a</i>	Club-July 1 County-Aug. 15 Area-Sept. 15	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> ) (Per category)	Nancy Snouse 117 Meadowlark Road Russell, KY 41169 wsnouse@msn.com
	Community Volunteerism Award	<i>See Handbook 88</i> Club & County	March 1	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	KEHA Scholarship Contributions and Local Scholarship Awards	<i>See Handbook 87</i>	Club-July 1 County-Aug. 15; December 15 (with dues); and March 1	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
Management & Safety	No contest will be conducted in 2024-2025				Peggy Tracy peggytracy@att.net
Cultural Arts & Heritage	Creative Writing/Poetry (1 entry/person)	<i>See Handbook 37-39</i>	March 1	Certificate (1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> )	Cindy Moore 2707 Sunnyside Road Eminence, KY 40019 502-706-0579 cjrnl@bellsouth.net
	Creative Writing/Memoirs (1 entry/person)	<i>See Handbook 37-39</i>	March 1	Certificate (1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	Creative Writing/Short Story (1 entry/person)	<i>See Handbook 37-39</i>	March 1	Certificate (1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	Cultural Arts & Heritage Passport	<i>See Handbook 36</i>	July 1	\$100 prize (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
International	Most Coins Collected: • Coins for Change • KY Academy/Ghana	<i>See Handbook 73</i>	December 15 (with dues)	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	Tammy Alford 165 Oak Ridge Road Morgantown, KY 42261 270-999-3222 tamalford@att.net
	International Projects and Programs Award	<i>See Handbook 73</i>	March 1	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	One-Time International Mini Grant: Creating Welcoming Communities	<i>See Handbook 72</i>	March 1	\$500 (1 <sup>st</sup> ); \$150 (2 <sup>nd</sup> ); \$100 (3 <sup>rd</sup> )	
Environment, Housing & Energy	Adopt-A-Highway Awards	<i>See Handbook 49</i>	March 1	Gift Card (1 <sup>st</sup> ) – county with most miles and most miles as % of membership Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	Rhonella Chaffin P.O. Box 1057 Louisa, KY 41230 rhonella@att.net

## AWARDS AND CONTESTS, *CONTINUED*

CATEGORY	NAME OF CONTEST	FORMS and/or REQUIREMENTS	DEADLINE	AWARD	CONTACT PERSON
Family & Individual Development	Self-Care Contest	<i>See Handbook 55</i>	March 1	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	Amelia Godfrey 625 Main St. Apt. 102 Paintsville, KY 41240 Meme6968@yahoo.com
Food, Nutrition, & Health	Ovarian Cancer Financial Contributions	<i>See Handbook 60</i>	December 15 (with dues)	Gift Card – Largest amount & largest amount per member Certificates – 100% participation & over \$1,000	Esther Bailey 304 Somerset St. Stanford, KY 40484 hadasah5@hotmail.com
	First-time Ovarian Cancer Screenings – County Award	<i>See Handbook 60</i>	Club-July 1 County-Aug. 15	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	Ovarian Cancer Fundraising Contest	<i>See Handbook 60</i>	March 1	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	Let No Child or Senior Go Hungry	<i>See Handbook 60a</i>	March 1	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
	Food Culture in Other Countries	<i>See Handbook 60a</i>	March 1	Gift Card (1 <sup>st</sup> ) Certificate (2 <sup>nd</sup> & 3 <sup>rd</sup> )	
4-H Youth Development	Innovative Partnership Project	<i>See Handbook 64-65 (Details page 64, entry form page 65)</i>	March 1	Gift Card and \$50	Denise Boebinger 3725 Bald Knob Road Frankfort, KY 40601 dboebinger@me.com
	Volunteer Hours for 4-H (club, county, area)		March 1	Certificate and small gift	
	4-H Camp Scholarships (club, county, area)		March 1	Certificate and small gift	
Membership Recognition	Membership Increase	<i>Based upon dues submitted in December</i>	December 15 (with dues)	Certificate for counties with 25 new members. Gift Card (1 <sup>st</sup> ) and certificates (2 <sup>nd</sup> & 3 <sup>rd</sup> ) highest increase by number & percentage.	Martha E. Colley 204 Desert Inn Ct. Hopkinsville, KY 42240 270-839-1531 cell marthaky3@live.com
	Membership Tenure Recognitions (50, 60, 65, 70 and 75 years)	<i>See Appendix 17</i>	January 31	Listed in the KEHA State Meeting Program.	

## OFFICER NOMINATION FORM

**Check One:** County \_\_\_\_\_ Area \_\_\_\_\_

NAME OF NOMINEE \_\_\_\_\_

ADDRESS OF NOMINEE \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Nomination for:(check one)**      President ( )      President-Elect ( )  
    Vice-President ( )      Secretary ( )      1<sup>st</sup> Vice-President for Program ( )  
    Treasurer ( )      2<sup>nd</sup> Vice-President for Member Resources ( )

**Personal Sketch of Nominee:**

Hobbies \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Offices Held in KEHA – List years served in each office at each level:**

Offices Held:	Local Club	County	Area	State
<b>President</b>				
<b>Vice President</b>				
<b>Secretary</b>				
<b>Treasurer</b>				
<b>Educational Chairman List:</b>				
<b>Committee Chairman List:</b>				

**Other:** Community organizations in which the nominee has served as an officer (list and give offices held), committees served on, awards received:

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*By signing this form, I verify I'm an active member of KEHA and my dues are current.*

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To be signed by the Nominee

Additional comments on this nominee from a Homemaker member or agent. (An ability to assume leadership in Homemakers programs would be of great help, especially in the area you are submitting credentials.)

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SIGNED: \_\_\_\_\_

Please do not include any information except this form and do not include additional pages. All information should be included on this form.

## STATE CHAIRMAN NOMINATION FORM

Please do not include information not requested on this form. All information should be typed or legibly printed. Additional pages should not be attached or submitted. (Qualifications listed in Bylaws Article III Section 4. Position descriptions for each state chairman position are available at [www.keha.org](http://www.keha.org) in the State Board section.)

Send to: Wanda Atha, KEHA Secretary, 475 Highway 151, Frankfort, KY 40601

**Forms should be sent by certified mail and must be postmarked no later than thirty (30) days prior to the start of the KEHA Annual Meeting.**

NAME OF NOMINEE \_\_\_\_\_

ADDRESS OF NOMINEE \_\_\_\_\_

COUNTY \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Educational Chairmen: (Check One)

- |                                       |                                |
|---------------------------------------|--------------------------------|
| Environment, Housing, Energy _____    | Cultural Arts & Heritage _____ |
| Family & Individual Development _____ | Food, Nutrition & Health _____ |
| 4-H Youth Development _____           | International _____            |
| Leadership Development _____          | Management & Safety _____      |

Marketing and Publicity Chairman \_\_\_\_\_

### Offices Held in KEHA – List years served in each office at each level:

Offices Held:	Local Club	County	Area	State
<b>President</b>				
<b>Vice President</b>				
<b>Secretary</b>				
<b>Treasurer</b>				
<b>Educational Chairman</b> <i>Please List:</i>				
<b>Committee Chairman</b> <i>Please List:</i>				



**Personal Sketch of Nominee: (Optional)**

Hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other:** Community organizations in which the nominee has served as an officer (list and give offices held), committees served on, awards received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By signing this form, I verify I'm an active member of KEHA and my dues are current.*

\_\_\_\_\_  
To be signed by the Nominee

Additional comments on this Nominee from County President or Agent. (An ability to assume leadership in Extension Homemakers programs would be of great help, especially in the area you are submitting credentials.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_  
County President or Agent

Please do not include any information except this form and do not include additional pages. All information should be included on this form.

## STATE OFFICER NOMINATION FORM

**Please do not include information not requested on this form. All information should be typed or legibly printed.** (Qualifications are listed in Bylaws Article III, Sec 4. Position descriptions for each state officer position are available at [www.keha.org](http://www.keha.org) in the State Board section.)

Send to: Wanda Atha, KEHA Secretary, 475 Highway 151, Frankfort, KY 40601

**Forms should be sent by certified mail and must be postmarked no later than thirty (30) days prior to the start of the KEHA Annual Meeting.**

NAME OF NOMINEE \_\_\_\_\_

ADDRESS OF NOMINEE \_\_\_\_\_

COUNTY \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Nomination for: (check one)	President <input type="checkbox"/> President-Elect <input type="checkbox"/> 1 <sup>st</sup> Vice-President for Program <input type="checkbox"/> 2 <sup>nd</sup> Vice-President for Member Resources <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/>	( ) ( ) ( ) ( ) ( ) ( )
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**Offices Held in KEHA – List years served in each office at each level:**

Offices Held:	Local Club	County	Area	State
<b>President</b>				
<b>Vice President</b>				
<b>Secretary</b>				
<b>Treasurer</b>				

Committee Chairmen (list):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Sketch of Nominee: (Optional)**

Hobbies:

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**Other:** Community organizations in which nominee has served as an officer (list and give offices held), committees served on, awards received.

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*By signing this form, I verify I'm an active member of KEHA and my dues are current.*

\_\_\_\_\_  
(To be signed by the Nominee)

Additional comments on this Nominee from County President or Agent. (An ability to assume leadership in Extension Homemakers programs would be of great help, especially in the area you are submitting credentials.)

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Candidate for KEHA State Treasurer must also submit Appendix 10 – Bonding Form.

SIGNED: \_\_\_\_\_  
County President or Agent

**BONDING FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

BONDING COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

This is to certify that \_\_\_\_\_ can be bonded for  
\$300,000.00.

\_\_\_\_\_  
Bonding Company Agent Signature

\_\_\_\_\_  
Date

**Note:** This form must be attached to the State Officer Nomination Form submitted by candidates for Treasurer.

Date: \_\_\_\_\_

## Enrollment Form for

\_\_\_\_\_ County Extension Homemakers Association

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Name of Club \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Birth year (*Optional*): \_\_\_\_\_

Race (*Optional – circle one*):      White      Black or African American  
   Asian/Pacific Islander      American Indian      Hawaiian      Other

Ethnicity (*Optional - circle one*):      Hispanic      Non-Hispanic

Gender (*Optional - circle one*):      Female      Male

Date joined: \_\_\_\_\_

I, (print full name) \_\_\_\_\_, being eighteen (18) years of age or over, hereby grant permission to the University of Kentucky, including its affiliates and subsidiaries, and Kentucky Extension Homemakers Association, Inc., to interview, photograph, and/or videotape me; and/or to supervise any others who may do the interview, photography, and/or videotaping; and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities and publications without compensation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

The Kentucky Cooperative Extension Service is required by Federal law to collect and maintain information regarding the characteristics of the people we serve. The information you supply is voluntary.

*Educational programs of the Kentucky Cooperative Extension Service serve all people regardless of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.*

**COUNTY/AREA OFFICERS DIRECTORY FORM**

20\_\_\_\_\_ to 20\_\_\_\_\_

COUNTY\_\_\_\_\_ AREA\_\_\_\_\_

Check one: \_\_\_\_\_ County Information Sheet \_\_\_\_\_ Area Information Sheet

<b>OFFICERS &amp; EDUCATIONAL CHAIRMEN</b>	<b>NAME</b>	<b>MAILING ADDRESS &amp; EMAIL ADDRESS</b>	<b>EXPIRATION YEAR</b>	<b>AREA CODE &amp; PHONE NUMBER (Daytime)</b>
<b>PRESIDENT</b>				
<b>PRESIDENT-ELECT</b>				
<b>1<sup>ST</sup> VICE-PRESIDENT</b>				
<b>2<sup>ND</sup> VICE-PRESIDENT</b>				
<b>SECRETARY</b>				
<b>TREASURER</b>				

**COUNTY/AREA OFFICERS DIRECTORY FORM CONTINUED**

20 \_\_\_\_\_ to 20 \_\_\_\_\_

COUNTY \_\_\_\_\_ AREA \_\_\_\_\_

Check one: \_\_\_\_\_ County Information Sheet \_\_\_\_\_ Area Information Sheet

<b>OFFICERS &amp; EDUCATIONAL CHAIRMEN</b>	<b>NAME</b>	<b>MAILING ADDRESS &amp; EMAIL ADDRESS</b>	<b>EXPIRATION YEAR</b>	<b>AREA CODE &amp; PHONE NUMBER (Daytime)</b>
<b>CULTURAL ARTS &amp; HERITAGE</b>				
<b>ENVIRONMENT, HOUSING &amp; ENERGY</b>				
<b>FAMILY &amp; INDIVIDUAL DEVELOPMENT</b>				
<b>FOOD, NUTRITION &amp; HEALTH</b>				
<b>4-H YOUTH DEVELOPMENT</b>				
<b>INTERNATIONAL</b>				
<b>LEADERSHIP DEVELOPMENT</b>				
<b>MANAGEMENT &amp; SAFETY</b>				
<b>AREA CONTACT AGENT</b>				

**List all county presidents with address, email and telephone on an attached sheet.**

**STATEMENT OF COMPLIANCE  
NONDISCRIMINATING CONDUCT OF EXTENSION  
FAMILY AND CONSUMER SCIENCES PROGRAMS**

The Kentucky Extension Homemakers Association and Extension Homemakers clubs in cooperation with the Kentucky Cooperative Extension Service serves all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

Signed \_\_\_\_\_  
Club President

Address \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Note: County Extension Agent for Family and Consumer Sciences files this form in the County Extension Office.



# EXPENSE VOUCHER

## Kentucky Extension Homemakers Association

**For Treasurers Use Only**

Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Board Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Make Check Payable to:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_ (Please attach receipts of expenses)

**Brief Explanation of Expense:** \_\_\_\_\_

**Expense Category:**

\$ \_\_\_\_\_ Dues (Circle one: CWC ACWW NVON Other: \_\_\_\_\_)

\$ \_\_\_\_\_ Program of Work: \_\_\_\_\_ Chairman

\$ \_\_\_\_\_ Memorial Fund (In memoriam of: \_\_\_\_\_)

\$ \_\_\_\_\_ New Board Member Orientation

\$ \_\_\_\_\_ Executive Committee (Specify officer budget: \_\_\_\_\_)

\$ \_\_\_\_\_ Board Travel to Area Meetings

\$ \_\_\_\_\_ Board Expense (Circle one: Fall Spring State Meeting)

\$ \_\_\_\_\_ NVON Registration

\$ \_\_\_\_\_ Archives

\$ \_\_\_\_\_ Insurance & Taxes (Specify: \_\_\_\_\_)

\$ \_\_\_\_\_ Public Relations (Specify: \_\_\_\_\_)

\$ \_\_\_\_\_ Outside Organizations (Specify: \_\_\_\_\_)

\$ \_\_\_\_\_ Development Grant (Recipient: \_\_\_\_\_)

\$ \_\_\_\_\_ Other: \_\_\_\_\_

**If the expense above includes travel, please provide the following details.**

Date of departure: \_\_\_\_\_ Date of return: \_\_\_\_\_

Mileage: \_\_\_\_\_ miles at \$.50 per mile = \$ \_\_\_\_\_ Lodging: \$ \_\_\_\_\_

Number of meals: \_\_\_\_\_ Total Meal Expense: \$ \_\_\_\_\_ (Not to exceed \$30 per day)

Parking fees: \$ \_\_\_\_\_ Air Fare: \$ \_\_\_\_\_ Taxi or ground transportation: \$ \_\_\_\_\_

All expense vouchers must be filed with the treasurer within 60 days after the expense occurs.

Checks will be cut as vouchers are received or twice a month unless otherwise notified.

***Please double-check your math and retain a copy for your records.***

**KEHA TREASURER'S REMITTANCE FORM**

**Mail dues to the KEHA Treasurer by December 15. Dues will be delinquent if not postmarked by December 31.**

**Make one check payable to Kentucky Extension Homemakers Association, Inc.**

Mail to: Patsy Kinman, KEHA Treasurer, 310 Falmouth St., Williamstown, KY 41097.

Questions? Contact Patsy at 859-760-6641 or [fpatsy84@gmail.com](mailto:fpatsy84@gmail.com).

Remittances to be credited as follows:

**Name of County** \_\_\_\_\_

Area: \_\_\_\_\_

State Dues: Number of Members \_\_\_\_\_ @ **\$5.00** per member \$ \_\_\_\_\_

Number of: Traditional Clubs \_\_\_\_\_ Special Interest Clubs \_\_\_\_\_ Total Clubs \_\_\_\_\_

Counties can make a contribution to any or all of the following funds:

Coins for Change .....\$ \_\_\_\_\_

Evans/Hansen/Weldon Scholarship .....\$ \_\_\_\_\_

KEHA Homemaker Scholarship.....\$ \_\_\_\_\_

Ovarian Cancer .....\$ \_\_\_\_\_

Kentucky Academy Library - Ghana.....\$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Amount of Check** .....\$ \_\_\_\_\_

Treasurer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Send original form plus check to the KEHA Treasurer.**

FOR STATE TREASURER'S USE ONLY:			
Date Received	_____	Check # _____	Amount: \$ _____
Refunds	_____		\$ _____
	(for what)		
	_____		\$ _____
	(for what)		

*To be completed by County President or Vice President*

## 20\_\_ to 20\_\_ Membership Recognition Report

\_\_\_\_\_ County Extension Homemakers Association

### 50, 60, 65, 70 and 75 Year Members

Please include names of members reaching these milestones in this reporting year

NAME	NUMBER OF YEARS

### Deceased Members

List members to be included in the Memoriam at the next State Meeting

- \*
- \*
- \*
- \*
- \*

**Completed by:** Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Counties send reports to Area Vice President by December 31.**

**Area Vice Presidents compile the information and submit an area report to the KEHA 2<sup>nd</sup> Vice President by January 31.**

*Send completed report form to (compiled area report only):*

Martha E. Colley  
204 Desert Inn Ct.  
Hopkinsville, KY 42240  
270-839-1531 cell  
[marthaky3@live.com](mailto:marthaky3@live.com)

**Use reverse side for additional names**

### Volunteer Service Unit (VSU) Log (copy as needed)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date	Activity/Job Performed	Hours (report in appropriate category)			
		Extension	KEHA	Community	Personal
<b>TOTALS</b>					

Categories: Extension = Volunteer service for projects or programs directed by an Extension Agent. KEHA = Volunteer hours for projects initiated and led by KEHA members. Community = Service to other entities/organizations in the community (not Extension or KEHA projects). Personal = Unpaid service to family, friends, and neighbors. See KEHA Handbook pages 89-90 for complete category descriptions. Report all hours earned within the past KEHA year (July 1 – June 30). Logs are due to the county Leadership Chairman or designated contact by July 1.

**County Volunteer Service Unit Report**

**Date completed:** \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Submit report to your AREA LEADERSHIP DEVELOPMENT CHAIR by August 15<sup>th</sup>.**

***Please list the top three members per category of volunteer Hours.***

<b>EXTENSION HOURS</b>			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	
<b>KEHA HOURS</b>			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	
<b>COMMUNITY HOURS</b>			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	
<b>PERSONAL HOURS</b>			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	

Please list the names and total hours for all members reporting 500 or more hours of service for the KEHA year. Hours do not carry forward from previous years.

Name	Total Hours	Name	Total Hours

Please list the names and total hours for all CLUBS reporting 1,000 or more hours of service for the KEHA year. Hours do not carry forward from previous years.

Name	Total Hours	Name	Total Hours

**AREA Volunteer Service Unit Report**

**Date completed:** \_\_\_\_\_

Area Leadership Development Chairman: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Submit report to the KEHA STATE LEADERSHIP DEVELOPMENT CHAIR by September 15<sup>th</sup>.**

***Please list the top three members per category of volunteer hours for your area.***

<b>EXTENSION HOURS</b>			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	
<b>KEHA HOURS</b>			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	
<b>COMMUNITY HOURS</b>			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	
<b>PERSONAL HOURS</b>			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	

**Cultural Arts & Heritage Program of Work Report**  
**From July 1, 2024, to June 30, 2025**

<b>Name of person completing this form:</b> _____	
<b>Phone:</b> _____	<b>Email:</b> _____
<b>For clubs reports:</b> Club reports are due to the County Cultural Arts and Heritage Chairman by <b>July 1, 2025</b> .	
<b>Club Name:</b> _____	
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2025</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2025. A copy of the submission should be mailed to the Area Cultural Arts and Heritage Chairman by August 15, 2025.	
<b>County:</b> _____	<b>Number of Clubs reporting:</b> _____

**Reading and Kentucky Literacy**

How many members in your club/county/area used the KEHA Book List this year? \_\_\_\_\_

Number of books read from the **KEHA Book List:** \_\_\_\_\_

Number of books read **NOT from** the KEHA Book List: \_\_\_\_\_

Does your county have a Homemaker Book Club? Yes \_\_\_\_\_ No \_\_\_\_\_

**KEHA Cultural Arts and Heritage Passport**

Number of members who participated in the Passport Challenge: \_\_\_\_\_

Total number of places/events logged in the Passports: \_\_\_\_\_

How many Passports included a description of a work of art? \_\_\_\_\_

**Understanding the Elements and Principles of Art:**

Number of individuals who received a lesson on the Elements and Principles of Art \_\_\_\_\_

Number of individuals who received a lesson on evaluating drawings and paintings \_\_\_\_\_

Number of individuals who received a lesson on evaluating photography \_\_\_\_\_

*Using the information learned from the current Program of Work:*

Number of individuals who created a drawing, painting, or scrapbook page \_\_\_\_\_

Number of individuals who took photographs \_\_\_\_\_

Number of individuals who entered an item in the Cultural Arts Contest \_\_\_\_\_

**Other:**

Does your club or its individual members sell craft items to support Homemaker or other community projects?

Yes \_\_\_\_\_ No \_\_\_\_\_ Total funds generated: \_\_\_\_\_

Number and types of programs funded: \_\_\_\_\_

Please indicate the number of members in your (club/county/area) who sell craft items to supplement their household income. \_\_\_\_\_

**Comments** (use back if necessary)





**4-H Youth Development Program of Work Report**  
**From July 1, 2024, to June 30, 2025**

<b>Name of person completing this form:</b> _____	
<b>Phone:</b> _____	<b>Email:</b> _____
<b>For clubs reports:</b> Club reports are due to the County 4-H Youth Development Chairman by <b>July 1, 2025</b> .	
<b>Club Name:</b> _____	
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2025</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2025. A copy of the submission should be mailed to the Area 4-H Youth Development Chairman by August 15, 2025.	
<b>County:</b> _____	<b>Number of Clubs reporting:</b> _____

Has the County 4-H Educational Chairman met with the 4-H agent? \_\_\_\_\_

Were the Homemaker Hobbies/Expertise questionnaire filled out and tabulated? \_\_\_\_\_

Number of 4-H Youth engaged in activity with Extension Homemakers: \_\_\_\_\_

Number of total KEHA Volunteer Hours with 4-H for this year: \_\_\_\_\_

Number of 4-H Events supported through Homemaker volunteers: \_\_\_\_\_

Number of 4-H Clubs lead by Homemaker volunteers: \_\_\_\_\_

Number of Homemakers who volunteered with 4-H Communications Programs: \_\_\_\_\_

Number of Homemakers who assisted with 4-H Project Days \_\_\_\_\_

Number of Homemakers who served as Adult Counselors at 4-H Camp: \_\_\_\_\_

Amount of 4-H Camp Scholarships provided in dollars: \_\_\_\_\_

***Please list as much information that is relevant to assist our evaluation:***

How can we further the 4-H partnership with KEHA?

\_\_\_\_\_

\_\_\_\_\_

What other resources do you need to work with young people?

\_\_\_\_\_

\_\_\_\_\_

Is there a youth program you would like to start in your county?

\_\_\_\_\_

\_\_\_\_\_

***Family and Individual Development Program of Work Report***  
**From July 1, 2024, to June 30, 2025**

Name of person completing this form: _____	
Phone: _____	Email: _____
<b>For clubs reports:</b> Club reports are due to the County Family and Individual Development Chairman by <b>July 1, 2025</b> .	
Club Name: _____	
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2025</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2025. A copy of the submission should be mailed to the Area Family and Individual Development Chairman by August 15, 2025.	
County: _____	Number of Clubs reporting: _____

**1. Self-Care and Mental Health: Living Alongside the Pandemic**

Number of members who said this program was helpful: \_\_\_\_\_

What publication did you use? \_\_\_\_\_

Suggestion to make this topic better: \_\_\_\_\_

Did you put together a “survival kit” and distribute? \_\_\_ Yes \_\_\_ No

How many did you distribute? \_\_\_\_\_ Purpose for kit: \_\_\_\_\_

**2. Self-Care and Self-Pampering**

What changes did you make that helped you feel better about yourself? (Example: new hair style, monthly outing with friends, etc.)

\_\_\_\_\_  
\_\_\_\_\_

What publication did you use? \_\_\_\_\_

**3. Self-Care and Strengthening Family and the Community**

What was your family quality time? (Example: no electronics during meals, monthly outings, etc.)

\_\_\_\_\_

Number of members or member families who participated in a community project: \_\_\_\_\_

What was the project? (Example: food boxes, neighborhood clean-up, etc.)

\_\_\_\_\_

4. Number of members who taught this program to an individual or group: \_\_\_ Total number reached: \_\_\_

Are there any comments on this program from you or others?

\_\_\_\_\_

\_\_\_\_\_

***Food, Nutrition and Health Program of Work Report***  
**From July 1, 2024, to June 30, 2025**

<b>Name of person completing this form:</b> _____	
<b>Phone:</b> _____	<b>Email:</b> _____
<b>For clubs reports:</b> Club reports are due to the County Food, Nutrition and Health Chairman by <b>July 1, 2025</b> .	
<b>Club Name:</b> _____	
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2025</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2025. A copy of the submission should be mailed to the Area Food, Nutrition and Health Chairman by August 15, 2025.	
<b>County:</b> _____	<b>Number of Clubs reporting:</b> _____

***Food, Nutrition and Health (Area Chairs: Please list each county's number of participants.)***

1. Number of members who:
 

a. Had an annual physical / check-up _____	e. Had a diabetes screening _____
b. Had a mammogram _____	f. Participated in a local blood drive _____
c. Had an ovarian cancer screening _____	g. Participated in a local health fair _____
d. Had a first-time ovarian cancer screening _____	
  
2. Did your club/county host an Ovarian Cancer Awareness fundraiser? Yes \_\_\_ No \_\_\_  
 If yes, how many attended? \_\_\_\_\_ How much money was raised? \_\_\_\_\_  
 a. Did you participate in other activities to raise awareness of ovarian cancer? \_\_\_\_\_
  
3. Program of Work Lessons – List number of members who:
  - a. Participated in a lesson on Let No Child or Senior Go Hungry? \_\_\_\_\_
  - b. Contributed something to a Blessing Box? \_\_\_\_\_
  - c. Participated in a lesson on Travel Kentucky from Your Kitchen? \_\_\_\_\_
  - d. Made a food from a different Kentucky region/area? \_\_\_\_\_
  - e. Participated in a lesson on Food Culture from Other Countries? \_\_\_\_\_
  - f. Cooked a food from another country? \_\_\_\_\_
  - g. Practiced a custom from another country? \_\_\_\_\_
  
4. Food security – Number of:
  - a. Members who donated to a local food bank or food pantry \_\_\_\_\_
  - b. Members who volunteered time at a local food bank or food pantry \_\_\_\_\_
  - c. Children served by a local “backpack for hunger” program \_\_\_\_\_
  
5. Physical Activity – List number of members who:
  - a. Exercised regularly (20-30 minutes at least 3 times weekly) \_\_\_\_\_
  - b. Helped implement environmental changes for physical activity (i.e. install a walking path, bike trail, etc.) \_\_\_\_\_
  - c. Reported an improvement in overall health due to increased activity \_\_\_\_\_
  
6. Nutrition – List number of members who:
  - a. Gained knowledge and made healthy food choices \_\_\_\_\_
  - b. Purchased fresh foods at a local farmers market \_\_\_\_\_
  - c. Supplemented their diets with healthy foods they produced/preserved \_\_\_\_\_
  
7. Please list 1 or 2 exciting Food, Nutrition, and Health programs you would like to see implemented.
  
8. If your club/county has conducted any Food, Nutrition, and Health programs NOT listed above, please share details.

***International Program of Work Report***  
**From July 1, 2024, to June 30, 2025**

<b>Name of person completing this form:</b> _____
<b>Phone:</b> _____ <b>Email:</b> _____
<b>For clubs reports:</b> Club reports are due to the County International Chairman by <b>July 1, 2025</b> .
<b>Club Name:</b> _____
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2025</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2025. A copy of the submission should be mailed to the Area International Chairman by August 15, 2025.
<b>County:</b> _____ <b>Number of Clubs reporting:</b> _____

***International***

1. Number of members who received lesson information on Creating Welcoming Communities: \_\_\_\_
2. Number of members who implemented a project/plan on Creating Welcoming Communities: \_\_\_\_
3. Number of members who received lesson information on Healthy Eating Around the World: \_\_\_\_
4. Number of members who tried a new food as a result of participating in Healthy Eating Around the World: \_\_\_\_
5. Number of members who received updates on Ghana or the Philippines: \_\_\_\_
6. Number of members who participated in International Month: \_\_\_\_
7. Number of members who received or learned information about ACWW: \_\_\_\_
8. Number of members who received or learned information about NVON: \_\_\_\_
9. Number of members who participated in homemaker international outreach support programs (Coins for Change/Ghana library/other): \_\_\_\_\_
10. Number of members who adopted a plan of action on cultural awareness: \_\_\_\_

Please tell us about any special successes or cultural outreach work in your county that you'd like to brag about! Comments:

**Leadership Development Program of Work Report**  
**From July 1, 2024, to June 30, 2025**

Name of person completing this form: _____	
Phone: _____	Email: _____
<b>For clubs reports:</b> Club reports are due to the County Leadership Development Chairman by <b>July 1, 2025</b> .	
Club Name: _____	
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2025</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2025. A copy of the submission should be mailed to the Area Leadership Development Chairman by August 15, 2025.	
County: _____	Number of Clubs reporting: _____

1. Trainings conducted and participation: (Check those that apply and provide participation numbers.)
  - a. Club, county or area officer training \_\_\_\_\_ Number trained: \_\_\_\_\_
  - b. Club, county or area chairman training \_\_\_\_\_ Number trained: \_\_\_\_\_
2. How did the training you received enable you to achieve your goals?
  
3. Number of members who received lesson information on parliamentary procedures: \_\_\_\_\_
4. **EXTENSION** Volunteerism: Hours members volunteered for **Extension** activities/events: \_\_\_\_\_
5. **KEHA** Volunteerism: Hours members volunteered for **KEHA** activities/events: \_\_\_\_\_
6. **COMMUNITY** Volunteerism: Hours members volunteered for **Community** activities/events: \_\_\_\_\_
7. **PERSONAL** Volunteerism: Hours members volunteered for **Personal** activities/events: \_\_\_\_\_
8. Educational scholarships awarded. (Please do not include 4-H Camp scholarships in this section. Report those numbers and amounts via the 4-H Youth Development report.)
  - a. Club scholarships – How many? \_\_\_\_\_ Total amount given: \$ \_\_\_\_\_
  - b. County scholarships – How many? \_\_\_\_\_ Total amount given: \$ \_\_\_\_\_
  - c. Area scholarships – How many? \_\_\_\_\_ Total amount given: \$ \_\_\_\_\_
9. Describe one program that enabled your club, county or area to have a positive impact in your community.

**Management and Safety Program of Work Report**  
**From July 1, 2024, to June 30, 2025**

<b>Name of person completing this form:</b> _____	
<b>Phone:</b> _____	<b>Email:</b> _____
<b>For clubs reports:</b> Club reports are due to the County Management and Safety Chairman by <b>July 1, 2025</b> .	
<b>Club Name:</b> _____	
<b>For county reports:</b> County reports are due via online surveys by <b>August 15, 2025</b> . The surveys will be available at <a href="http://keha.ca.uky.edu/content/impacts">http://keha.ca.uky.edu/content/impacts</a> by July 1, 2025. A copy of the submission should be mailed to the Area Management and Safety Chairman by August 15, 2025.	
<b>County:</b> _____	<b>Number of Clubs reporting:</b> _____

1. Transferring Cherished Possessions

Number of members who:

- a. Increased their understanding of what makes up an estate. \_\_\_\_\_
- b. Increased their understanding of legal considerations for non-titled property. \_\_\_\_\_
- c. Plan to start an Asset Distribution Plan. \_\_\_\_\_
- d. Plan to start writing a Letter of Last Instruction. \_\_\_\_\_
- e. Plan to contact an estate planning professional. \_\_\_\_\_
- f. Plan to update or create a will. \_\_\_\_\_

2. Emergency Health Information Cards

Number of members who:

- a. Plan to fill out and use an EHI Card for self. \_\_\_\_\_
- b. Plan to share the information and/or EHI card template with others. \_\_\_\_\_
- c. Number of people with whom members shared the EHI Card: \_\_\_\_\_

3. Scams and Frauds

Number of members who:

- a. Feel prepared to protect their money from fraud as a result of the programming: \_\_\_\_\_
- b. Received possible fraudulent offers (by phone, email, mail, in-person, etc.): \_\_\_\_\_
- c. Took steps to reduce offers: \_\_\_\_\_
- d. Implemented strategies to protect themselves from scams, frauds, and security breaches: \_\_\_\_\_
- e. Reported potential scams to authorities: \_\_\_\_\_
- f. Actively monitored for identity theft by checking annual credit reports or enrolling in a monitoring program: \_\_\_\_\_

4. Additional Lessons

Please share a description of ANY other type of management and safety program conducted by your club/county/area.

**KEHA ANNUAL MEETING  
LEARNING SESSION/WORKSHOP PROPOSAL FORM**

**Send this form to:** Ann Porter, KEHA 1<sup>st</sup> Vice President, P.O. Box 88, Washington, KY 41096-0088  
Questions? Contact Ann Porter at 606-584-2510 or [annsporter42@gmail.com](mailto:annsporter42@gmail.com).

**Deadline:** **October 15**

Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Session (as you would like it printed – please limit to 50 characters):

\_\_\_\_\_

List ALL Session Presenters (please provide name, full title, email for each):

Sessions are typically 1 hour and 15 minutes long. Description of Session:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost per person attending: \_\_\_\_\_ Cost for additional kits: \_\_\_\_\_

*(NOTE: Paid sessions should preferably allow for at least 20 attendees. Reimbursement for supplies will be issued after state meeting.)*

Please provide your preferred number of attendees. \_\_\_\_\_ Minimum \_\_\_\_\_ Maximum



Projector, screen, laptop, microphone, sound/speakers for video, etc. may not be available in every room. Please let us know what equipment you will be bringing OR what equipment you need, so we may assign the proper equipment and space.

- I will furnish my own equipment, noted as follows:
- I will need the following equipment to be provided:

Presenters are responsible for bringing their own copies and session supplies. If you have an electronic presentation, it is advised you bring a backup copy on flash drive or other device.

Please indicate if you will need any of the following (note quantity):

\_\_\_\_\_ Table for Speaker/Display      \_\_\_\_\_ Microphone      \_\_\_\_\_ Electricity

Rooms may be set up either theater or classroom style, based on the overall needs of the conference. If you have specific notes/needs on room setup, please indicate so here:

---

KEHA will not be held responsible for injury, damage, accidents, theft, or breakage to materials or persons presenting at the KEHA Annual Meeting. I understand and will comply with the above terms and regulations set forth in this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Would you be willing to share your presentation and/or handouts to be posted on the KEHA website ([www.keha.org](http://www.keha.org)) following your session?    \_\_\_ Yes    \_\_\_ No

***KEHA ANNUAL MEETING***

***HOMEMAKER SHOWCASE***

**Send this form to:** Ann Porter, KEHA 1<sup>st</sup> Vice President, P.O. Box 88, Washington, KY 41096-0088  
Questions? Contact Ann Porter at 606-584-2510 or [annsporter42@gmail.com](mailto:annsporter42@gmail.com).

**Deadline:** **March 15**

Each area is allowed to bring up to two displays that highlight a specific program that has been successful within their area. These may be club, county, or area projects. Each state educational chairman can also submit one showcase display.

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Area \_\_\_\_\_

Title of Display \_\_\_\_\_

Description of Display:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **KEHA STATE MEETING RESPONSIBILITIES**

Assigned to Areas by KEHA 1st Vice-President/Program at Fall Board Meeting

### **A REGISTRATION/ANNUAL MEETING INFORMATION**

- STATE BOARD CONTACT PERSON – KEHA 1<sup>ST</sup> Vice President/Program and KEHA Treasurer
- See that all registration materials, name tags, tickets for meals and seminars, etc. are printed and placed in registration envelopes for distribution at annual KEHA meeting.
- Provide workers for registration table all days of meeting. Working in shifts is recommended with the following needed per shift each day. First day: 3-4 per shift; Second day: 2 per shift; Third day: 1-2 per shift
- Work with the Host Area Planning Committee.

### **B VOTING DELEGATE PACKETS/INFORMATION**

- STATE BOARD CONTACT PERSON – KEHA Secretary
- Prepares printed ballots for all candidates in coordination with the KEHA State Secretary.
- Prepares voting delegate packets with needed material for business meeting, including voting delegate cards and copies of the rules of convention (master copy available from the KEHA Parliamentarian). Delegates will be given the packets when they register at the state meeting.
- State Advisor works with KEHA State Secretary to determine materials voting delegates will need prior to the state meeting (i.e. candidate credentials, proposed bylaw changes) and helps with sending information to county FCS agents at least two weeks prior to KEHA Annual Meeting. FCS agents give this information to their county voting delegates.

### **C BUSINESS SESSION/VOTING DELEGATE REGISTRATION**

- STATE BOARD CONTACT PERSON – KEHA State Parliamentarian
- Provides workers for the voting delegate area at the registration tables.
- Have voting delegates sign the county register and hand each one a voting delegate packet for their county with business session materials. (Each delegate must pick up their own packet.) Volunteers needed: 2-3 people working in shifts when the registration tables are open.
- Provides individuals to serve as hostesses and tellers during business session. Volunteers needed: 4 to 6
- KEHA State Parliamentarian meets with assigned area president prior to business session for instruction. Time to be set by the parliamentarian. KEHA State Parliamentarian has the following items for the business session: sign-in sheets for delegates and ballot baskets. KEHA State Secretary provides motion forms.
- Area President assigned serves as roll call chairman and head teller.

### **D CULTURAL ARTS** Assigned to 3-4 Areas (specific duties assigned by KEHA Cultural Arts Chairman)

- STATE BOARD CONTACT PERSON – KEHA Cultural Arts Chairman
- Assist with check-in and set up of Cultural Arts display items. Volunteers needed: 16-18
- Assist judges with recording scores, attaching ribbons as needed. Set items for display after judging. Volunteers needed: 20-22
- Provide hostesses to watch over exhibits during viewing hours. Volunteers needed 14-16 working in shifts of 1 to 2 hours.
- Provide hostesses to assist with pick-up of items at the close of exhibits. Volunteers needed: 14-20
- Designate a volunteer to take photos of the viewer's choice winner to email to the KEHA State Advisor during the meeting display.

## **E AWARDS LUNCHEON**

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program.
- Provide table decorations, including head table, (favors optional) for awards luncheon. Budget amount: \$500. Decorations may serve as door prizes.
- Provide hostesses to take tickets at door.
- Provide hostesses to meet and seat special guests (list to be provided by KEHA 1st VP/Program).
- Assist KEHA Board with distribution of materials. Volunteers needed: 10-12

## **F OPENING BANQUET**

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program.
- Provide table decorations, including head table, (favors optional) for meal function. Budget amount: \$500. Decorations may serve as door prizes.
- Provide hostesses to take tickets at door.
- Provide hostesses to meet and seat special guests (list to be provided by KEHA 1st VP/Program).
- Assist KEHA Board with distribution of materials. Volunteers needed:10-15

## **G GENERAL SESSION(s)**

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program.
- Master Farm Homemaker Board Representative and Advisor give assistance.
- Determine and arrange for stage/head table decorations. Budget amount: \$200.
- Provide hostesses to meet and seat special guests (list to be provided by KEHA 1st VP/Program).
- Assist KEHA Board with distribution of materials. Volunteers needed 8-12

## **H LEARNING SESSIONS/WORKSHOPS**

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program.
- Work with KEHA 2nd Vice President to prepare presenter gifts using KEHA merchandise. Budget amount: \$450.
- Provide hostesses at each learning session/workshop to introduce presenter and assist with the needs of speaker/presenter. Hostess should be aware of the contact person for technology help if needed by presenter.
- Hostesses maintain session registration lists and monitor doors as speaker is presenting. Volunteers needed: 8-12 (1-2 per meeting room for each session time block)

## **I SILENT AUCTION/BASKET RAFFLE/HOMEMAKER SHOWCASE**

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program and Treasurer.
- Develops and provides bid sheets for silent auction items and oversees bidding.
- Provides individuals to collect and arrange items.
- Develops and provides contributors with a receipt for tax deduction purposes.
- Provides tickets for raffles baskets, collection bags for tickets, and workers to sell tickets. Budget amount: \$100 for tickets and supplies.
- Coordinates drawing and announcement of raffle basket winners. (Determine in advance if winner must be present to collect the prize.)
- Assists in collection of silent auction money and distributes the items to respective bidders.
- Asks KEHA State Treasurer to be present at collection of money.
- Volunteers needed: 15-20 scheduled in shifts (Demand is heaviest during check-in/set-up and check-out.)

## **J QUILT SQUARE DISPLAY AND AUCTION**

- STATE BOARD CONTACT PERSON – KEHA 1<sup>ST</sup> Vice-President/Program
- Work with the KEHA 1st Vice President to arrange set-up of display area and insure that all needed supplies for display are available.
- Develop and provide bid sheets for quilt squares, considering table space available near the display.
- Determine a system for collecting “viewer’s choice” votes, considering table space available.
- Provide volunteers to receive and display quilt squares. Volunteers needed: 2-3 per shift
- Provide volunteers to monitor the quilt square display during viewing and bidding. Volunteers needed: 1-2 per shift
- Provide volunteers to close the auction, take down the display, tally viewer’s choice votes, and collect payment from successful bidders. Total payment amount should be delivered to the treasurer. Volunteers needed: 4-6 during the designated time
- Designate a volunteer to take photos and information of the viewer’s choice winner to email to the KEHA State Advisor during the meeting. The amount of total proceeds should be reported to the 1<sup>st</sup> Vice President and KEHA Advisor for announcing.

## **K AREA HOST COMMITTEE (STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program)**

### **TRADE SHOW**

- Keep notebook or digital files with information that can be shared with the next host area. Notebook/files should be given to KEHA State 1st Vice-President at the end of the State Meeting.
- Send letters and/or emails to prospective vendors. (Examples and mailing list should be kept in the trade show notebook.) Budget amount: \$100.
- Coordinate with KEHA State 1st Vice President to ensure that space is used adequately and that the number of vendors is appropriate for the space available. Provide final vendor listing for program to State 1<sup>st</sup> Vice President and KEHA State Advisor.
- Send confirmation letters and set-up instructions to vendors.
- Provide leaflet listing vendors (for hostess table) and place cards for booths.
- Have hostesses available to greet vendors and assist them with set-up. Volunteers needed: 2-4

### **HANDS ON ACTIVITIES**

- Provide instructors and supplies for a variety of ‘make-it and take-it’ style hands-on activities at the KEHA State Meeting. Sessions are generally an hour. Two time blocks of sessions may be offered. A registration form is available for the host committee to collect activity information.
- Coordinate with State 1<sup>st</sup> Vice President to ensure adequate space and room setup is available.
- Develop descriptions of the session activities and presenters by or before early January for the KEHA newsletter. Provide photos of the craft/activity/item if possible.
- Set pricing to adequately cover costs but maintain affordability for each activity. Inform instructors that reimbursement for supplies will not occur until after State Meeting is complete.

### **HOSTESS/HOSPITALITY**

- Work with KEHA 1st Vice President to determine theme and logo for KEHA State Meeting.
- Design T-shirt and tote bag (or other registration gift). Budget amount: \$5 per gift for 450 items.
- Secure final numbers for T-shirt and tote bag/gift orders from the KEHA State Treasurer.
- Stuff bags with any hospitality items and/or state meeting materials prior to registration opening.
- Work with the registration committee to distribute tote bags/gifts and T-shirts as needed. Volunteers needed: 1-2 per shift
- Provide hostesses to staff a hospitality table providing local information for KEHA State Meeting attendees. Volunteers needed: 1-2 per shift

## **KEHA ANNUAL MEETING**

### ***VOTING DELEGATES ROLE AND RESPONSIBILITIES***

Each county holding membership in the Kentucky Extension Homemakers Association shall have two voting delegates for the KEHA State Business Meeting. (ARTICLE II, Section 3, paragraph 2) Annual dues of the KEHA are payable by December 15 of each year to the KEHA State Treasurer and shall be delinquent if not postmarked by December 31. Any county whose dues are delinquent will not have the privilege of voting at the annual business meeting of the KEHA. (ARTICLE V, Section 1, a., second sentence)

At least two weeks prior to the state annual meeting, information packets will be sent to each county office via the University of Kentucky email system. Copies should be provided to each voting delegate when received by the county. Packets may include credentials for any candidates to be elected, proposed bylaw changes and other necessary information.

Serving as a voting delegate is an important duty. Delegates should study the documents sent to them so they can represent their county and the state organization wisely.

If a designated county voting delegate finds she cannot attend the annual meeting, an alternate should be chosen as soon as possible and her registration sent to the KEHA State Treasurer. The delegate packet should be given to the alternate so she can study the issues and be prepared.

Upon arriving at the annual meeting site, a delegate should sign in at the KEHA registration desk as soon as possible and pick up additional delegate information. This second packet will include items such as convention rules, treasurer's report, auditor's report, proposed budget and other important papers.

Delegates arriving at the annual meeting site on the day of the business meeting should plan to be duly registered at least one-half hour before the start of the business meeting and in their seats at least ten minutes prior to the start of the meeting unless otherwise instructed.

Before an annual meeting can transact any business, the roll call committee chairman (see Appendix page 32) must officially report the number of registered delegates. Since this must be the first thing done after opening ceremonies, late registration can delay the start of the meeting even though it is otherwise ready to begin.

Official voting delegates wanting to address the annual meeting should go to a microphone and be recognized by the presiding officer. They clearly state their name, title (if any) and their county. An example would be, "Madame President, I am Jane Doe, Alpha County Voting Delegate." The delegate then states her question or remark, waiting at the microphone for an answer or resuming her seat, whichever is appropriate.

Each delegate will receive a voting card to use when voting on an issue. Cards will be left on the chairs after the business meeting is concluded so they can be reused.

Any questions about the delegate process may be referred to the KEHA State Parliamentarian.