

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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All entries listed in bold were updated in 2023 and have 2023 dates in the lower right corner. These pages replace same numbered pages with dates prior to 2023.

AWARDS AND CONTESTS

Deadline/Contact Chart

CATEGORY	NAME OF CONTEST	ENTRY FORMS OR REQUIREMENTS	DEADLINE	AWARD	CONTACT PERSON
Leadership Development	Volunteer Service Units (VSUs)	<i>See Handbook 89-93 Forms Appendix 19-20a</i>	Club-July 1 County-Aug. 15 Area-Sept. 15	Plaque (1 st) Certificate (2 nd & 3 rd) (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	Plaque (1 st) Certificate (2 nd & 3 rd)	
	KEHA Scholarship Contributions and Local Scholarship Awards	<i>See Handbook 87</i>	December 31 and March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	
Management & Safety	No contest will be conducted in 2023-2024				Peggy Tracy 241 Bethlehem Road Paris, KY 40361-2404 peggytracy@att.net
Cultural Arts & Heritage	Creative Writing/ Poetry (1 entry/person)	<i>See Handbook 37-39</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	Barbara Seiter 8669 Valley Circle Dr. Florence, KY 41042 seiterbarbara@yahoo.com
	Creative Writing/ Memoirs (1 entry/person)	<i>See Handbook 37-39</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	
	Creative Writing/Short Story (1 entry/person)	<i>See Handbook 37-39</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	
	Cultural Arts & Heritage Passport	<i>See Handbook 36</i>	July 1	Plaque (1 st), \$100 prize Certificate (2 nd & 3 rd)	
International	Most Coins Collected: <ul style="list-style-type: none"> • Coins for Change • KY Academy/Ghana 	<i>See Handbook 73</i>	December 15	Plaque (1 st) Certificate (top 5)	Marilyn Watson 2286 Melwood Drive Henderson, KY 42420 mjmw1315@twc.com
	International Projects and Programs Award	<i>See Handbook 73</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	
Environment, Housing & Energy	Adopt-A-Highway Awards	<i>See Handbook 49</i>	March 1	Plaque (1 st) – county with most miles and most miles as % of membership Certificate (2 nd & 3 rd)	Rhonella Chaffin P.O. Box 1057 Louisa, KY 41230 rhonella@att.net

AWARDS AND CONTESTS, *CONTINUED*

CATEGORY	NAME OF CONTEST	ENTRY FORMS OR REQUIREMENTS	DEADLINE	AWARD	CONTACT PERSON
Family & Individual Development	Self-Care Contest	<i>See Handbook 55</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	Dottie Crouch 8851 Highway 55 Campbellsburg, KY 40011
Food, Nutrition, & Health	Ovarian Cancer: Financial Contributions	<i>See Handbook 60</i>	December 31	Plaque – 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>	December 31	Plaque	
	Ovarian Cancer Research Fundraising Contest	<i>See Handbook 60</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	
	Promoting a Healthy Kentucky Contest	<i>See Handbook 60</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	
4-H Youth Development	Innovative Partnership Project	<i>See Handbook 64-65 (Details page 64, entry form page 65)</i>	March 1	Plaque 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>	January 1	Certificate for counties with 25 new members. Plaque (1 st) and certificates (2 nd & 3 rd) highest increase by number & percentage.	Julie Hook 74 County Road 1021 Cunningham, KY 42035 Julie.hook@carlisle.kyschools.us
	Membership Tenure Recognitions (50, 60, 65, 70 and 75 years)	<i>See Appendix 17</i>	January 31	Listed in the KEHA State Meeting Program.	

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 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.)

SIGNED: _____

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

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.

Personal Sketch of Nominee: (Optional)

Hobbies:

Other: Community organizations in which 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.)

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

SIGNED: _____
County President or Agent

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.

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)		

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
TOTALS					

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.

Cultural Arts & Heritage Program of Work Report
From July 1, 2023, to June 30, 2024

Name of person completing this form: _____ Phone: _____ Email: _____
For clubs reports: Club reports are due to the County Cultural Arts and Heritage Chairman by July 1, 2024 . Club Name: _____
For county reports: County reports are due via online surveys by August 15, 2024 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2024. A copy of the submission should be mailed to the Area Cultural Arts and Heritage Chairman by August 15, 2024. County: _____ Number of Clubs reporting: _____

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, 2023, to June 30, 2024

Name of person completing this form: _____

Phone: _____

Email: _____

For clubs reports: Club reports are due to the County 4-H Youth Development Chairman by **July 1, 2024**.

Club Name: _____

For county reports: County reports are due via online surveys by **August 15, 2024**. The surveys will be available at <http://keha.ca.uky.edu/content/impacts> by July 1, 2024. A copy of the submission should be mailed to the Area 4-H Youth Development Chairman by August 15, 2024.

County: _____ **Number of Clubs reporting:** _____

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, 2023, to June 30, 2024

Name of person completing this form: _____

Phone: _____

Email: _____

For clubs reports: Club reports are due to the County Family and Individual Development Chairman by **July 1, 2024**.

Club Name: _____

For county reports: County reports are due via online surveys by **August 15, 2024**. The surveys will be available at <http://keha.ca.uky.edu/content/impacts> by July 1, 2024. A copy of the submission should be mailed to the Area Family and Individual Development Chairman by August 15, 2024.

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, 2023, to June 30, 2024

Name of person completing this form: _____	
Phone: _____	Email: _____
For clubs reports: Club reports are due to the County Food, Nutrition and Health Chairman by July 1, 2024 .	
Club Name: _____	
For county reports: County reports are due via online surveys by August 15, 2024 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2024. A copy of the submission should be mailed to the Area Food, Nutrition and Health Chairman by August 15, 2024.	
County: _____	Number of Clubs reporting: _____

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 _____
 - b. Had a Mammogram _____
 - c. Had an Ovarian Cancer Screening _____
 - d. Had a "first time Ovarian Cancer Screening" _____
 - e. Had a Diabetes Screening _____

2. Number of members who participated in:
 - a. One or more local blood drives _____
 - b. One or more local health fairs _____

3. Food security:
 - a. Number of members who donated to a local food bank or food pantry _____
 - b. Number of members who volunteered time at a local food bank or food pantry _____
 - c. Number of children served by a local "backpack for hunger" program _____

4. Did your club/county host an Ovarian Cancer Awareness fundraiser?
If yes, how many attended? _____ How much money was raised? _____
 - a. Did you participate in other activities to raise awareness of ovarian cancer?

5. Physical Activity:
 - a. Number of members that exercised regularly (20-30 minutes at least 3 times weekly) _____
 - b. Number of members who have helped implement environmental changes to support physical activity (i.e. install a walking path, bike trail, etc.) _____
 - c. Number of members that reported an improvement in overall health due to increased activity _____

6. Nutrition:
 - a. Number of members who gained knowledge and made healthy food choices _____
 - b. Number of members who purchased fresh foods at a local farmers market _____
 - c. Number of members who supplemented their diets with healthy foods they produced/preserved _____

7. On the reverse, please list 1 or 2 exciting food, nutrition and health programs you would like to see implemented.
Please also list up to 2 extra (not listed above) food, nutrition and health programs you are implementing now.

International Program of Work Report
From July 1, 2023, to June 30, 2024

Name of person completing this form: _____ Phone: _____ Email: _____
For clubs reports: Club reports are due to the County International Chairman by July 1, 2024 . Club Name: _____
For county reports: County reports are due via online surveys by August 15, 2024 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2024. A copy of the submission should be mailed to the Area International Chairman by August 15, 2024. County: _____ Number of Clubs reporting: _____

International

1. Number of members who received lesson information on Healthy Eating Around the World: _____
2. Number of members who tried a new food as a result of participating in Healthy Eating Around the World: _____
3. Number of members who participated in Healthy Eating Around the World: _____
4. Number of members who received updates on Ghana or Philippines: _____
5. Number of members who gained knowledge on Cultural Diversity: _____
6. Number of members who adopted a plan of action on Cultural Diversity: _____
7. Number of members who implemented a plan on Cultural Diversity in communities in Kentucky: _____
8. Number of members who participated in International Month: _____
9. Number of members who received or learned information about ACWW: _____
10. Number of members who received or learned information about NVON: _____
11. Number of members who implemented environmental changes: _____
12. Number of members who gained knowledge on the following:
 - a. Coins for Change _____
 - b. Clean Water and Sanitation _____
 - c. Ghana Library Card _____

Additional Comments or Feedback:

Leadership Development Program of Work Report
From July 1, 2023, to June 30, 2024

Name of person completing this form: _____	
Phone: _____	Email: _____
For clubs reports: Club reports are due to the County Food, Nutrition and Health Chairman by July 1, 2024 .	
Club Name: _____	
For county reports: County reports are due via online surveys by August 15, 2024 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2024. A copy of the submission should be mailed to the Area Leadership Development Chairman by August 15, 2024.	
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. **EXTENSION** Volunteerism: Hours members volunteered for **Extension** activities/events: _____
4. **KEHA** Volunteerism: Hours members volunteered for **KEHA** activities/events: _____
5. **COMMUNITY** Volunteerism: Hours members volunteered for **Community** activities/events: _____
6. **PERSONAL** Volunteerism: Hours members volunteered for **Personal** activities/events: _____
7. 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: \$ _____
8. 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, 2023, to June 30, 2024

Name of person completing this form: _____
Phone: _____ Email: _____
For clubs reports: Club reports are due to the County Management and Safety Chairman by July 1, 2024 .
Club Name: _____
For county reports: County reports are due via online surveys by August 15, 2024 . The surveys will be available at http://keha.ca.uky.edu/content/impacts by July 1, 2024. A copy of the submission should be mailed to the Area Management and Safety Chairman by August 15, 2024.
County: _____ Number of Clubs reporting: _____

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 1st Vice President, P.O. Box 88, Washington, KY 41096-0088
Questions? Contact Ann Porter at 606-584-2510 or 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

KEHA ANNUAL MEETING

HOMEMAKER SHOWCASE

Send this form to: Ann Porter, KEHA 1st Vice President, P.O. Box 88, Washington, KY 41096-0088
Questions? Contact Ann Porter at 606-584-2510 or 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 1ST 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 DELEGATES' 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.

J QUILT SQUARE DISPLAY AND AUCTION

- STATE BOARD CONTACT PERSON – KEHA 1ST Vice-President/Program
- Work with the KEHA 1st Vice President to arrange set-up of display boards and insure that all needed supplies for display are available.
- Develop and provide bid sheets for quilt squares.
- 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 and collect payment from successful bidders. Volunteers needed: 4-6 during the designated time
- Designate a volunteer to take photos of the viewer's choice winner to email to the KEHA State Advisor during the meeting.

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

TRADE SHOW

- Send letters to prospective participants. (Examples in the trade show notebook. Notebook to be given to KEHA State 1st Vice-President at the end of the annual state meeting.) Budget amount: \$100.
- Coordinate with KEHA State 1st Vice-President to insure that space is used adequately and that the number of vendors is appropriate for the space available.
- Provide leaflet listing vendors (for hostess table) and place cards for booths.
- Send confirmation letters and set-up instructions to vendors.
- 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.
- Develop descriptions of the sessions for the KEHA newsletter and website. Provide photos if possible.
- Set pricing to adequately cover costs but maintain affordability for each activity.

HOSTESS/HOSPITALITY

- Work with KEHA 1st Vice President to determine theme and logo for KEHA State Meeting.
- Design t-shirt and tote bag.
- Secure numbers for t-shirt and tote bags orders from the KEHA State Treasurer.
- Stuff tote bags with any hospitality items and/or state meeting materials.
- Work with the registration committee to distribute tote bags 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