



State Soil Conservation Committee  
 MARYLAND DEPARTMENT OF AGRICULTURE  
 THE WAYNE A. CAWLEY, JR. BLDG  
 50 HARRY S. TRUMAN PARKWAY  
 ANNAPOLIS, MD 21401

**Nomination for  
 Soil Conservation District Supervisor**

*Authority: Agricultural Article 8-302,  
 Maryland Annotated Code*

*Information provided on the attached form is factored into SSCC's evaluation when making Soil Conservation District Supervisor appointments. It is recommended that applicants provide as complete information as possible. SSCC retains all rights to consider any additional and relevant information when making appointments. Please complete information on following pages and **submit signed nomination form to the State Soil Conservation Committee at the address listed above.** For more information contact: Alisha Mulkey: 410.841.5863 or [alisha.mulkey@maryland.gov](mailto:alisha.mulkey@maryland.gov).*

SCD: \_\_\_\_\_

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

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

\_\_\_\_\_

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

Please list educational background (degrees & relevant subject matter)

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

Additional Information:

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

I acknowledge the information provided is true and accurate.

\_\_\_\_\_

Applicant's Signature

Date

Nominating Entity

UM Extension

County Farm Bureau

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Areas of Knowledge/Experience**

*Please indicate number of years expertise or education for any of categories listed below. Please add information to explain experience such as specific work place identity or to note informal training or specialization.*

**Applicant Name:** \_\_\_\_\_

<b>Agriculture</b> ____ Years Experience	<b>Water Quality/Water Management</b> ____ Years Experience
<b>Best management practices</b> ____ Years Experience	<b>Accounting/Book-keeping</b> ____ Years Experience
<b>Conservation Programs</b> ____ Years Experience	<b>Forestry</b> ____ Years Experience
<b>Education</b> ____ Years Experience	<b>Legal, Engineering, Other Professional Credentials</b> ____ Years Experience
<b>Sediment &amp; erosion control</b> ____ Years Experience	<b>Outreach/Public Information</b> ____ Years Experience
<b>Storm water Management</b> ____ Years Experience	<b>Wetlands</b> ____ Years Experience
<b>Wildlife</b> ____ Years Experience	<b>Other</b> ____ Years Experience

**Participation/Affiliations**

Please provide following information based on last 5 years. Please indicate participation, attendance, or offices and leadership roles. Add extra comments as needed to explain activity, projects or role you played.

Applicant Name: \_\_\_\_\_

<b>Participation/Affiliations</b>	<b>% of Meetings Attended</b>	<b>Number of years as member</b>	<b>Additional information</b>
<b>Soil Conservation District</b>			
<b>Maryland Assoc. of Soil Conservation Districts</b>			
<b>National Association of Conservation Districts</b> <i>(regional or national)</i>			
<b>Agricultural organizations</b> <i>(list as needed)</i>			
<b>Business/trade organizations</b> <i>( list as needed)</i>			
<b>Community or Environmental Organizations</b> <i>(list as needed)</i>			
<b>Related employment</b> <i>(list as needed)</i>			
<b>Local/state/SSCC workshops or training programs</b> <i>(list as needed-topic &amp; year)</i>			
<b>Legislative contacts about conservation issues</b>			
<b>Participant- Local or State Agricultural Conservation or Natural Resource Protection Programs</b>			
<b>Participant-USDA Agricultural or Conservation Programs</b>			