

KEHA Manual

Appendix

Contents: This section contains many useful forms, certificates 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 Membership Report which must accompany it. The County/Area Information Sheets must be submitted following County and Area Annual Meetings, or anytime there is a change in Officers or Chairs. It is important and necessary to keep mailing lists up to date. A question and answer page about the KEHA Program of Work Report Form can be found, along with the Report Form, in this section. Nomination forms along with a contests and awards chart are also included here. There are examples of the US Certificate of Merit and the KEHA Certificate of Recognition. To receive these certificates as well as other KEHA organizational aides, use the Annual Publications Order Form included in this section.

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

KEHA ANNUAL MEETING

AREA SHOWCASE

Send this form to: KEHA 1st Vice-President of Program
Deadline: **March 1**

Each area is allowed to bring two displays that highlight a specific program they have been successful with in their area. These may be county projects but each area may select only two. There will be a table to place your display on.

Contact Person _____

Address _____

Phone _____

Area _____

Title of Display _____

Description of Display _____

**KEHA ANNUAL MEETING
PRESENTER FORM**

Send this form to: KEHA 1st Vice-President for Program

Deadline: **October 1**

Contact Person _____

Address _____

Telephone _____

Title of workshop as you want it printed _____

Description of Workshop/Demonstration:

Cost per person attending _____ Cost of additional kits _____

Maximum Attendance _____ Minimum Attendance _____

Please indicate if you will need any of the following:

Tables _____ Wall Space _____
Chairs _____ Electricity _____

_____ I will furnish my own display, supplies, AV equipment, etc. Please let us know what you will be bringing so we may assign the proper space.

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 _____

Organization _____

SAMPLE
KEHA ANNUAL MEETING
TRADE SHOW EXHIBITOR FORM
Due March 1

Send this form to: KEHA Treasurer Make check payable to KEHA

Contact Person _____

Address _____ Telephone _____
_____ E-mail _____

Description of Exhibit _____

Please indicate days and times you wish to exhibit:

First day _____

Second day _____

Please indicate the number you will need of the following: (If there is a charge for these items you will be responsible for paying. Contact the KEHA 1st Vice-President for Program for current rates.)

1 - 6x8 exhibit area _____	Electricity _____
2 - 6x8 exhibit area _____	Tables _____ Skirted _____
Wall Space _____	Chairs _____
Booth with backdrop _____	Extension Cords _____

_____ I will furnish my own display, supplies, AV Equipment, etc. Please let us know what you will be bringing so we may assign the proper space.

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

Signature _____

Organization/Business _____

Date _____

ASSOCIATED COUNTRY WOMEN OF THE WORLD

Membership Application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____

DATE _____

Three years \$90.00

Membership includes:

*Membership Card,
The Countrywoman magazine,
and more information on ACWW*

Please return to:

The Associated Country Women of the World (ACWW)
General Secretary
Mary Sumner House
24 Tufton Street
London, England SW1P 3AY

**To access the most current membership information for ACWW, visit their
website at www.acww.org.uk**

ACWW Letter Friends Application

Name _____

Address _____

City _____ State _____

Zip Code _____

Approximate age _____

Profession or Occupation _____

Profession or Occupation of Spouse _____

Can you correspond in a language other than English? _____

Which language or dialect? _____

Hobbies or Special Interest _____

Return completed form to:

The Associated Country Women of the World
(ACWW)
Mary Sumner House
24 Tufton Street
London, England SW1P 3AY

**KEHA International Exchange Program
Homemaker Application
Due March 1st**

General Information

Name _____

Address _____

Phone _____ Work _____

Date of Birth _____ Place of Birth _____

Married _____ Single _____ Name of Spouse _____

Religion (Optional) _____ Children _____ Ages _____

Number of years in Homemakers _____ Officer _____ State _____ Area _____ County _____

At what levels have you served as International chairman?

Briefly list leadership roles: _____

Overseas travel experience: (Indicate when, where, and for what purpose)

Valid Passport or Visa? _____ Yes _____ No

Please list any languages other than English that you are fluent in. List your competency in them as poor, fair, very good.

Language _____ Speaking _____ Reading _____ Writing _____

Language _____ Speaking _____ Reading _____ Writing _____

Language _____ Speaking _____ Reading _____ Writing _____

List your hobbies and special interest: _____

Health Limitations: _____

Write a short paragraph on why you want to participate in the Homemaker Exchange Program: _____

Signature of Applicant _____

Signature of County President _____



NATIONAL VOLUNTEER OUTREACH NETWORK, INC.
Vision Subscription Form

NAME _____ NEW _____ RENEWAL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

PHONE _____

DATE _____

VISION Subscription is \$15.00 for three years
You get nine NVON VISIONs plus the upcoming release of the NVON Handbook

Make checks payable to: National Volunteer Outreach Network, INC.

Mail: Marietta Gutierrez, NVON Treasurer
1312 Winnebago
North Little Rock, AR 72116
Phone: (501) 758-2120
Email: mariet01@msn.com

Subscription Renewal-

Check your mailing label for the renewal date. The date is located above your name.

KEHA STUDY OR RESEARCH MINI-GRANT APPLICATION

(Page 1 of 2)

NAME _____ COUNTY _____

ADDRESS _____
Street or Box Number

City State Zip Code

Check One:

- _____ County Extension Agent for Family & Consumer Sciences
- _____ Extension Specialist for Family & Consumer Sciences
- _____ Kentucky Extension Homemakers Association Club Member

Application Number
For Judging Only

Send to: 2nd Vice-President for Member Resources

KEHA MINI-GRANT APPLICATION, *CONTINUED*

(Page 2 of 2)

Title of Project _____

Date Proposed Project Will Begin _____ End _____

Amount Requested for Project (max. \$300) \$ _____

Have you previously received a KEHA mini-grant? Yes _____ No _____

Identify the problem that utilization of this mini-grant would correct.

Describe the course of action needed, i.e. workshops, leader training, etc.

Outline a plan for sharing the information obtained with KEHA members.

List other sources of money.

Provide Budget.

Project Report Due One Year from receipt of Grant monies.

If, for any reason, you are unable to complete the project described above, all monies must be returned to the Kentucky Extension Homemakers Association, Inc.

Signature of Applicant

Date

Application Number
For Judging Only

Appendix 10
June 2007

KENTUCKY EXTENSION HOMEMAKERS ASSOCIATION
EVANS/HANSEN/WELDON SCHOLARSHIP APPLICATION

Please fill out and submit three copies of application form and three (3) copies of each letter of recommendation to Leadership Development Educational Program Chairman by March 1. Must be typed.

The purpose of the Kentucky Extension Homemakers Association Scholarship program is to help provide funds to enable a deserving student(s) who is a Kentucky resident earn a degree.

Name of Applicant _____

Home Address _____

County _____ KY Zip _____ Phone() _____

Date of Birth _____ Gender _____ Marital Status _____

Father's Name _____ Living () Deceased ()

Father's Occupation _____

Mother's Name _____ Living () Deceased ()

Mother's Occupation _____

Number of children in family _____ Number in school _____ college _____

What is applicant's major? _____

Year you will be enrolled Freshman ___ Sophomore ___ Junior ___ Senior ___

Has applicant applied for other scholarships? Yes _____ No _____

List other scholarships awarded to you. _____

Approximate gross annual income of family \$ _____

List amount you estimate might be available to you from each of the following sources:

Personal savings _____ Parents _____ Job _____ Other _____ Total _____

List Activities You Participate In:

List Special Activities/Clubs You Participate In:

List Special Honors/Awards You Received:

State in 100 words or less your educational plans and goals.

ALL INFORMATION WILL REMAIN CONFIDENTIAL

To be filled out by Faculty-Advisor

STUDENTS

NAME _____

GRADE POINT AVERAGE _____

Please comment on the following qualities, or ask other school personnel to do so:

Dependability: _____

Leadership: _____

Service: _____

Participates in extra-curricular activities: _____

Counselor's Signature

School Name

Please remove Appendix pages 15-17 from your KEHA Manual.

**KENTUCKY EXTENSION HOMEMAKERS ASSOCIATION
UNIVERSITY OF KENTUCKY ENDOWED SCHOLARSHIP
FOR FAMILY & CONSUMER SCIENCES STUDENTS**

Beginning in 2007, there will be a new scholarship at the University of Kentucky. An endowed scholarship has been established with the help of the College of Agriculture. This scholarship will be given to a person who plans to pursue a career as a Family & Consumer Sciences Extension Agent. The scholarship is our effort to help educate new FCS agents who will benefit the entire state.

Rules and regulations governing the Family & Consumer Sciences Scholarship

- A The scholarship(s) will be awarded to students who:
1. Plan to pursue a career as a Family & Consumer Sciences Extension Agent within the state of Kentucky,
 2. Have a junior or senior standing in the School of Human Environmental Sciences within the College of Agriculture,
 3. Are in good academic standing with a minimum cumulative GPA of 3.0 in the School of Human Environmental Sciences within the College of Agriculture.
- B Recipients of the scholarship will be allowed to use the award for regular semester coursework and/or an internship for course credit in Family and Consumer Sciences Cooperative Extension within a county Cooperative Extension office in the state of Kentucky.
- C A student who received the scholarship as a junior may apply for renewal as a senior if a cumulative GPA of 3.0 is maintained.
- D Students wishing to apply will need to use the standard UK College of Agriculture scholarship application for upperclass students form. The application form will be available in December on the College of Agriculture website at www.ca.uky.edu/students, through the School of Human Environmental Sciences Student Services office, and through the office of the Associate Dean for Academic Programs.
- E Applications are due by March 1st to:

Scholarship Program Coordinator
College of Agriculture
N-6 Agricultural Science Bldg. North
Lexington, Kentucky 40546-0091

Appendix 14
July 2006

**KENTUCKY EXTENSION HOMEMAKERS ASSOCIATION
HOMEMAKER SCHOLARSHIP APPLICATION**

Please fill out and submit three copies of application form and three (3) letters of recommendation to chairman of Scholarship Committee by March 1.

Chairman: Leadership Development Educational Program Chairman

Name of Applicant _____

Home Address _____

County _____ KY Zip _____ Phone() _____

Occupation _____

Number of children in family _____ Number in school _____ college _____

What is applicant's major? _____

Year you will be enrolled Freshman ___ Sophomore ___ Junior ___ Senior ___

Has applicant applied for other scholarships? Yes _____ No _____

List other scholarships awarded to you. _____

Approximate gross annual income of family \$ _____

List amount you estimate might be available to you from each of the following sources:

Personal savings _____ Job _____ Other _____ Total _____

**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 _____

CULTURAL ARTS EXHIBIT CATEGORIES ~ 2009

CATEGORIES

SUBCATEGORIES

1. APPAREL.....	Novelty Quilted Pieced Appliquéd Accessory
2. ART, 3-DIMENSIONAL.....	Carving Sculpture
3. ART, NATURAL	Wood Other
4. BASKETRY	Plain Dyed Material Novelty Miniature (under 4 inch) Cane
5. BEADING.....	Non-jewelry Item/Wearable Knitting or Crochet with Beads Bead-weaving Miscellaneous
6. CERAMICS	Hand-formed Molded Pre-made
7. COUNTED CROSS STITCH.....	14 Count & Under 16 - 22 Count Specialty Cloth (linens, etc.)
8. CROCHET	Yarn Thread
9. DOLL/TOY MAKING	Porcelain/China Cloth Handmade Toy other than Porcelain/China or Cloth
10. DRAWING	Pastels Pen & Ink Pen & Ink with Oil Roughing Pencil-Black Pencil-Color
11. EMBROIDERY	Basic Embroidery Crewel Candle Wicking Smocking Ribbon Machine Embroidery Swedish Tatting/Lace Making Miscellaneous
12. FELTING*	Wet Method Needle Method
13. HOLIDAY DECORATIONS	Spring Summer Autumn Winter

2009 KEHA Cultural Arts Exhibit

The following category changes/additions/explanations have been made for the 2009 KEHA Cultural Arts Exhibit:

1. **Apparel** category – the **Novelty** sub-category is for apparel items that include fabric manipulation and are deemed “wearable art.” Examples include decorative costumes, christening gowns, cutwork items, and items that incorporate multiple embellishment techniques.
2. **Drawing – Pen & Ink with Oil Rouging** sub-category has been added. Items entered should be original designs. Copying another person’s drawing excludes it from being an original design.
3. **Jewelry** category has been added as a main category and removed from the **Beading** category. The following sub-categories have been added for Jewelry:
 - a. **Original Design** – Jewelry item(s) using any medium to hand form/create the components, such as clay, metal, glass, wire, etc.
 - b. **Beaded** – Jewelry item(s) using purchased beads. Single strands of beads are discouraged.
 - c. **Mixed Media** - Jewelry item(s) using a combination of components such as wire, or chain maille, and mixed with beads.
4. **Beading** – The following sub-categories have been added/explained:
 - a. **Non-jewelry item/wearable** – includes apparel items, scarves, and detachable collars.
 - b. **Knitting or crochet with beads**
 - c. **Bead Weaving** – includes both loom and off-loom weaving such as the Peyote stitch.
 - d. **Miscellaneous** – items with beaded embellishment such as purse, bookmark, framed artwork, beaded doll dress, beaded embroidery, beaded tatting, etc.
5. **Quilts** category – Remember, exhibits are to be completed and worked by an individual, not a group or with the help of a second person.
 - a. Sub-category addition: **Novelty/Machine Quilted** to include stenciled, embroidered, miniature, etc.
 - b. Sub-category deleted: **Whole Cloth/ Hand Quilted**, entries may be entered in the **Miscellaneous Category**

2009 CULTURAL ARTS EXHIBIT RULES

All Extension Homemakers are encouraged to submit “original” items for competition in state exhibits. Identification of item should be on tag provided by state.

Areas may exhibit one item from each category and /or subcategory. Maximum number 86.

Each article must be the work of a homemaker member and must have been completed during the past two (2) years.

The Exhibitor and/or their representative are responsible for transporting exhibits to and from the state meeting.

Each Exhibitor must provide their own materials to properly display their item. Tape and nails cannot be used on the walls. If items are best displayed vertically, please provide a well identified easel or means of hanging exhibit from the wall.

Entries will be exhibited by category. Entries will be judged by subcategory when indicated. All items will be judged and entries will receive a participant ribbon. **Exhibitor is responsible for category/subcategory determination.**

Blue ribbons are awarded for high quality work, the number depending on the quality of the entries. A championship purple ribbon is awarded to best of the category.

If categories are to be eliminated, there will be a one year notice.

Neither the Kentucky Extension Homemakers Association nor the University of Kentucky will be responsible for any lost, misplaced, or broken items. We do not anticipate any misfortune, but this disclaimer must be clearly understood by all Exhibitors.

The exhibits will be hosted at all times. Additional security will be provided when necessary.

Criteria for Judging:

- A. Three-dimensional art, china painting, decorative painting, drawing, art painting, and ceramics.
 - 1) originality; 2) artistic promise; 3) technique; and 4) composition
- B. Apparel, basketry, beading, counted cross stitch, crochet, embroidery, felting, holiday decorations, jewelry, knitting, natural art, needlepoint, pillows, quilts, recycled art, rug making, toy/doll making, wall or door decorations, weaving, and miscellaneous.
 - 1) originality; 2) workmanship; 3) color harmony; 4) beauty of design; and 5) general appearance.
- C. Photography.
 - 1) originality; 2) content; 3) clarity; 4) technical competence; and 5) composition.
- D. Scrapbooking—Please indicate page(s) to be judged if entire scrapbook is sent. Contest is limited to one-page and two-page layouts only.
 - 1) balance and symmetry; 2) color coordination; 3) quality of photography; 4) use of space; 5) neatness; 6) lettering; 7) journaling; 8) use of embellishment; 9) does it tell a story?

AWARDS AND CONTESTS

Deadline/Contact Chart

CATEGORY	NAME OF CONTEST	ENTRY FORMS OR REQUIREMENTS	DEADLINE	AWARD	CONTACT PERSON
Leadership Development	Community Volunteer Units (V.S.U.'s)	Log Form Summary Club & Individual	March 1	Certificate and Seal	René Siria 108 Old Station Road Frankfort, KY 40601
	Community Volunteerism Award	<i>See Handbook 77</i> Club & County	March 1	Plaque to 1 st Place Certificate to 2 nd & 3 rd	
	Scholarship Challenge	<i>See Handbook 76b</i>	March 1	Plaque to 1 st Place Certificate to 2 nd & 3 rd	
Management & Safety	"It Ought to Be A Law"	<i>See Handbook 85</i>	March 1	Plaque to Winner Certificate to 2 nd & 3 rd	Anna Francis Stinnett P.O. Box 93 Hardinsburg, KY 40143
Cultural Arts & Heritage	Creative Writing/ Poetry	<i>See Handbook 45</i>	March 1	Plaque (1st) Certificate (2 nd & 3 rd)	Barbara Seiter 8669 Valley Circle Dr Florence, KY 41042
	Creative Writing/ Memoirs	<i>See Handbook 45</i>	March 1	Plaque (1st) Certificate (2 nd & 3 rd)	
	Creative Writing/Short Story (1 entry per person)	<i>See Handbook 45</i>	March 1	Plaque (1st) Certificate (2 nd & 3 rd)	
International	County Project Award	<i>See Handbook 72</i>	March 1	Plaque (1st) Certificate (Runners Up)	Linda Heflin 320 Schmidt Road Paducah, KY 42003
	Pennies for Friendship			Plaque (1st) Certificate (Runners Up)	

AWARDS AND CONTESTS, *CONTINUED*

CATEGORY	NAME OF CONTEST	ENTRY FORMS OR REQUIREMENTS	DEADLINE	AWARD	CONTACT PERSON
Environment, Housing & Energy	Environmental Project Award	<i>See Handbook 51</i>	March 1	Plaque (1 st) Certificate (to each Area winner)	Helen Eden 126 Dave Eden Road Berea, KY 40403
Family & Individual Development	Chair Back Covers	<i>See Handbook 59c</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	JoAnn Ellegood 3370 State Route 80E Arlington, KY 42021
Food, Nutrition, & Health	Ovarian Cancer 100% Contribution for OCRF	None	March 1	Certificate	Donna Shoemaker 5515 W KY 10 Tollesboro, KY 41189
	County giving largest amount per member and largest amount overall of money to OCRF	None	March 1	Plaque	
	Ovarian Cancer Research Fundraising Contest	<i>See Handbook 62</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	
	Kentucky Women's Health Registry	<i>See Handbook 62a</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	
	Health Promotion Project	<i>See Handbook 62a</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	
4-H Youth Development	Share Our Love of Culinary Skills	<i>See Handbook 65</i>	March 1	Plaque (1 st) Certificate (2 nd & 3 rd)	Nancy Broughton 429 Wheatley Road Ashland, KY 41101
Membership Recognition	Membership Increase	None	January 1	Certificate for counties with 25 new members. Plaque to county with largest percent of increase	Area President (Area President report to 2 nd Vice-President)
	1 New Member per Club	None	January 1	Certificate for counties that report 1 new member per club. Eg. County with 12 clubs must have 12 new members.	

Other: Community organizations in which Nominee has served as an Officer (list and give offices held), committees served on, awards received:

To be signed by the Nominee

Additional comments on this Nominee from 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.

Other: Community organizations in which Nominee has served as an Officer (list and give offices held), committees served on, awards received:

_____ To be signed by the Nominee

Additional comments on this Nominee from County President or Agent. (An ability to assume leadership in 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.

Committee Chairmen (list):

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

(To be signed by the Nominee)

County Council making nomination

(To be signed by the County
President or other officer)

Additional comments on this Nominee. (Ability to assume leadership in the Homemakers program would be of great help to the Nominating Committee.)

Please do not include any information that is not asked for on this form and do not attach additional pages. All information should be included on this form.

BONDING FORM

NAME _____

ADDRESS _____

PHONE _____

SOCIAL SECURITY _____

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.

PERSONNEL DIRECTORY - KENTUCKY EXTENSION HOMEMAKERS ASSOCIATION STATE BOARD

Summer 2008

STATE OFFICERS

	NAME	MAILING ADDRESS	COUNTY	TERM	PHONE / E-MAIL
PRESIDENT	Linda Kaletch	9512 Wickliffe Road Wickliffe, KY 42087	McCracken	2007-2010	270-876-7509 lkaletch@brtc.net
1 st VICE PRESIDENT / PROGRAM	Susan Hansford	PO Box 246 Somerset, KY 42502	Pulaski	2008-2011	606-274-4222 susanhansford@hotmail.com
2 nd VICE PRESIDENT / MEMBER RESOURCES	Linda Green	11803 Suncrest Drive Walton, KY 41094	Boone	2006-2009	859-802-6748 kylbg@fuse.net
SECRETARY	Dianne Higgins	175 Davis Mill Road Elkton, KY 42220	Todd	2007-2010	270-265-5239 ddhiggins@bellsouth.net
TREASURER	Marena Nelson	961 Stephens Branch Road Martin, KY 41649	Floyd	2008-2011	606-285-0481 marena@mikrotec.com

STATE CHAIRMEN

CULTURAL ARTS & HERITAGE	Barbara Seiter	8669 Valley Circle Drive Florence, KY 41042	Boone	2006-2009	859-525-4804 barbaraseiter@insightbb.com
ENVIRONMENT, HOUSING & ENERGY	Helen Eden	126 Dave Eden Road Berea, KY 40403	Madison	2008-2011	859-986-4862 heden.1@juno.com
FAMILY & INDIVIDUAL DEVELOPMENT	Jo Ann Ellegood	3370 State Route 80 East Arlington, KY 42021	Carlisle	2006-2009	270-655-7862 jae3370@windstream.net
FOOD, NUTRITION & HEALTH	Donna Shoemaker	5515 W KY 10 Tollesboro, KY 41189	Lewis	2008-2011	606-798-4382 donnasueshoe@gmail.com
4-H YOUTH DEVELOPMENT	Nancy Broughton	PO Box 1704 Ashland, KY 41105-1704	Boyd	2007-2010	606-325-3494

INTERNATIONAL	Linda Heflin	320 Schmidt Road Paducah, KY 42003	McCracken	2007-2010	270-554-7219 lhflinksi@comcast.net
LEADERSHIP DEVELOPMENT	René Siria	108 Old Station Road Frankfort, KY 40601	Franklin	2008-2011	502-848-4299 renersiria@yahoo.com
MANAGEMENT & SAFETY	Anna Frances Stinnett	PO Box 93 Hardinsburg, KY 40143	Breckinridge	2006-2009	270-580-7280 stinnett.anna@yahoo.com

AREA HOMEMAKER PRESIDENTS

PURCHASE	Marlene Lambert	264 Summer Ave. Wingo, KY 42088	Graves	2006-2009	
PENNYRILE	Paula W. Atkins	233 W. Main Cross Greenville, KY 42345	Muhlenberg	2007-2010	270-338-6212 jpatkins@bellsouth.net
GREEN RIVER	Vicki Jenkins	10179 US 60W Henderson, KY 42420	Henderson	2006-2009	270-533-6642 vjenkins@henderson.net
MAMMOTH CAVE	Sandra Lennon	619 Milton Riley Road Russellville KY 42276	Logan	2006-2009	270-726-8806 sglennon@peoplepc.com
LAKE CUMBERLAND	Wynemia DeSpain	204 Sunrise Drive Greensburg, KY 42743	Green	2007-2010	270-932-7377 (H) wynemia@accesshsd.net
LINCOLN TRAIL	Martha Potter	715 Hwy 1157 Lebanon, KY 40033	Marion	2008-2011	270-692-3411
LOUISVILLE	Peggy Townsend	5001 Creek Circle Prospect, KY 40065-9511	Oldham	2005-2008	502-426-5158 porpeg@bellsouth.net
NORTHERN KENTUCKY	Betty Roberts	PO Box 251 Warsaw, KY 41095-0251	Gallatin	2007-2010	859-991-3571 TootsRoberts7@aol.com
FORT HARROD	Elizabeth Adams	122 Lancaster Road Crab Orchard, KY 40419	Lincoln	2006-2008	606-355-2735 jandeadams@bellsouth.net
BLUEGRASS	Coetta Combs	220 Stratford Drive Richmond, KY 40475	Madison	2006-2009	859-623-2349 859-221-9846 cell

LICKING RIVER	Janet Meyer	5683 Willow Lenoxburg Road Foster KY 41043	Bracken	2006-2009	budandjanet@gmail.com
NORTHEAST	Brenda Kilgore	2078 Powells Creek Pikeville KY 41501	Pike	2006-2009	606-437-9567 bilbre36@yahoo.com
QUICKSAND	Glenna Kaye Dixon	99 Hurt Branch Road Hazard, KY 41701	Perry		606-439-1568 cedix@windstream.net
WILDERNESS TRAIL	Noreitta Thompson	896 E Level Green Rd Brodhead, KY 40409	Rockcastle	2002-2008	606-758-8377 (H) purpledawn4@aol.com

OTHER
(non-voting Board members)

PARLIAMENTARIAN	Barbara Brown	315 Stoney Pt. Grayson, KY 41143-6460	Greenup	2007-2010	606-473-5374 dolmaker@earthlink.net
MASTER FARM HOMEMAKER	Sue Scott	4483 Clarks Run Road Maysville, KY 41056	Mason	2008-2009	606-883-3264
KEAFCS PRESIDENT	Nancy Hunt	Crittenden Co Ext Office 107 South Main Street Marion, KY 42064-1500	Crittenden	2008	207-965-5236 nancy.hunt@uky.edu
KEHA ADVISOR	Kim Henken (Rose Runyons, Staff Support Associate)	102 Erikson Hall University of Kentucky Lexington, KY 40506-0050	Fayette		859-257-3887 (O) 859-519-0985 (Cell) 859-257-7565 (F) khenken@uky.edu rrunyons@uky.edu
Director, School of Human Environmental Sciences/Assistant Director, Family & Consumer Sciences	Dr. Ann Vail *(Darlene Tipton, Administrative Support Associate)	102 Erikson Hall University of Kentucky Lexington, KY 40506-0050	Fayette		859-257-3887 (O) 859-257-9032 (F) ann.vail@uky.edu dtipton@uky.edu

ADVISORS TO STATE CHAIRMEN (not on KEHA Board)

CULTURAL ARTS & HERITAGE ADVISOR	Marjorie Baker	242 Scovell Hall, U.K. Lexington, KY 40546-0064 Office: 246 Scovell Hall	Fayette		859-257-7772 (O) 859-257-7565 (F) mbake4@email.uky.edu
ENVIRONMENT, HOUSING & ENERGY ADVISOR	Linda Adler	118 Funkhouser Bldg., U.K. Lexington, KY 40506-0054	Fayette		859-257-3888 (O) 859-257-7565 (F) lreece@email.uky.edu
FAMILY & INDIVIDUAL DEVELOPMENT ADVISOR	Carole Gnatuk	149 Washington Ave., U.K. Lexington, KY 40504	Fayette		859-257-7753 (O) 859-257-3212 (F) cgnatuk@email.uky.edu
FOOD, NUTRITION & HEALTH ADVISOR	Ingrid Adams	204 Funkhouser Building Lexington, KY 40546-0054	Fayette		859-257-7480 (O) 859-257-3707 (F) ingrid.adams@uky.edu
4-H/YOUTH DEVELOPMENT ADVISOR	Deana Reed	212 Scovell Hall, U.K. Lexington, KY 40546-0064	Fayette		859-257-5961 (O) 859-257-9511 (F) dkreed@uky.edu
INTERNATIONAL ADVISOR	Hazel Forsythe	202 Funkhouser Bldg., U.K. Lexington, KY 40506-0054	Fayette		859-257-4146 (O) 859-257-3707 (F) nfshazel@email.uky.edu
LEADERSHIP DEVELOPMENT ADVISOR	Laura Stephenson	102 Erikson Hall, U.K. Lexington, KY 40546-0064	Fayette		859-257-3887 (O) 859-257-7565 (F) laura.stephenson@uky.edu
MANAGEMENT & SAFETY ADVISORY	Sue Badenhop *Bob Flashman	242 Scovell Hall, U.K. Lexington, KY 40546-0064 303 Funkhouser Bldg., U.K. Lexington, KY 40506-0054	Fayette Fayette		859-257-1812 (O) 859-257-7792 (F) sbadenho@uky.edu 859-257-7753 (O) 859-257-3212 (F) rflashma@uky.edu

*Lead Specialist
Updated July 2008

Date: _____

**Enrollment Form
for**

_____ County Extension Homemakers Association

Name _____
(as used for mail purposes)

First Name _____

Address _____

Email _____

Name of Club _____

Date _____

Phone: Home (_____) _____

Work (_____) _____

FAX (_____) _____

Where do you live? On Farm In country, but not farm
(Circle one) o Town under 2,500 Town over 2,500

Circle age group: 15-19 20-24 25-34 35-44
o 45-44 55-64 65-74 75+

Enrollment Form
Page 2

Ethnic Background (*Optional – circle one*):

White Black Hispanic Asian Other

Gender (please circle): Female Male

Number of years in club membership (please circle one):

- Less than 2 yrs. 2-5 yrs. 6-19 yrs.
 11-15 yrs. 16-20 yrs. 21-35 yrs.
 36-49 yrs. 50+

I, (print full name) _____ 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, age, gender, religion, disability, or national origin.

COUNTY/AREA OFFICERS DIRECTORY FORM

20_____ to 20_____

COUNTY_____ AREA_____

Check one: _____ County Information Sheet _____ Area Information Sheet

OFFICERS & EDUCATIONAL CHAIRMEN	NAME	MAILING ADDRESS & EMAIL ADDRESS	EXPIRATION YEAR	AREA CODE & PHONE NUMBER (Daytime)
PRESIDENT				
PRESIDENT-ELECT				
1ST VICE-PRESIDENT				
2ND VICE-PRESIDENT				
SECRETARY				
TREASURER				

COUNTY/AREA OFFICERS DIRECTORY FORM CONTINUED

20_____ to 20_____

COUNTY_____ AREA_____

Check one: _____ County Information Sheet _____ Area Information Sheet

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

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

KEHA REMINDER CALENDAR

Month	Reminder Notes
July	Prepare club organizational materials for the new KEHA year Plan for county and club officer training
August	Plan for Membership Drive Plan for marketing homemakers Officer Training County Council Meeting
October	Plan for next program year Area Annual Meetings Kentucky Homemakers Week (second full week) Names of Area Officers to State President and KEHA Advisor KEHA State Meeting Presenter Forms Due
November	KEHA Fall Board Meeting
December	Mail dues by December 15. Delinquent by December 31. Membership report due to Area President or Vice President by December 31 Membership lists for Newsletter Database are due to KEHA Advisor by December 31
January	1 st – Educational Chairman Reports due from club to county
February	1 st – Educational Chairman Reports due from county to area 1 st – Membership Report due to State 2 nd Vice President
March	1 st - All contests, awards, applications, scholarships, 50 year members, etc., for KEHA state meeting due 1 st - Educational Chairmen Reports due from area to state chairmen KEHA Spring Board Meeting State Officer, State Educational Chairmen, and Area President Annual Reports sent to Kim Henken electronically (via email attachment or disk delivered at Spring Board Meeting)
April/ May	Registration due for KEHA State Meeting KEHA State Meeting

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

Homemaker Clubs are assisted by the Cooperative Extension Service. They are organized to provide all members an opportunity to participate in educational programs enabling them to more effectively contribute to the well being of their family and community. Homemaker Clubs are open to all persons regardless of race, color, gender, religion, disability, or national origin.

Club	Signature of Club President	Date
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____

**STATEMENT OF COMPLIANCE
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Signed _____
Club President

Address _____

Date _____

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

-KEHA PROMOTIONAL ITEMS-

<i>Item</i>	<i># Ordered</i>	<i>Price Each</i>	<i>Total</i>
Aprons	_____	\$ 8.00	_____
Brag Book	_____	\$ 1.50	_____
Briefcase	_____	\$20.00	_____
Cake Decorator	_____	\$ 1.00	_____
Can Topper	_____	\$ 1.00	_____
Cap (white-blue logo)	_____	\$ 5.00	_____
Ceramic Pedestal Mug	_____	\$ 5.00	_____
Canvas Tote Bag (white)	_____	\$ 6.00	_____
Canvas Tote Bag (Blue, 75 th Anniversary)	_____	\$ 6.00	_____
Denim Shirt	_____	\$25.00	_____
<i>Sm.</i> _____ <i>Med.</i> _____ <i>Lg.</i> _____ <i>XL</i> _____ <i>2XL</i> _____ <i>3XL</i> _____			
Emery Board	_____	\$ 0.25	_____
Envelope Tote	_____	\$ 3.00	_____
Flashlight (mini)	_____	\$ 2.00	_____
Foster Care Duffle Bag (with iron-on letters)	_____	\$ 5.00	_____
Garment Bag	_____	\$10.00	_____
Glass Box (2-piece, engraved)	_____	\$ 8.00	_____
Kan-Tastic	_____	\$ 1.00	_____
Lanyards	_____	\$ 3.00	_____
Lapel Pin – KEHA Kentucky shape	_____	\$ 3.00	_____
Lapel Pin – 75 th Anniversary	_____	\$ 2.00	_____
License Plate Frame	_____	\$ 2.00	_____
Luggage Tag	_____	\$ 1.00	_____
Mouse pad	_____	\$ 1.00	_____
Multi-Task Opener	_____	\$ 2.00	_____
Note Pad (small, \$-shaped)	_____	\$ 0.25	_____
Oven Stick	_____	\$ 1.00	_____

Items continued on next page

<i>Item</i>	<i># Ordered</i>	<i>Price Each</i>	<i>Total</i>
Pen (Laser)	_____	\$ 2.00	_____
Pen (Lighted)	_____	\$ 1.00	_____
Pen (Squiggle)	_____	\$ 1.00	_____
Pen (75 th Anniversary)	_____	\$ 1.00	_____
Robotic Folding Book Light	_____	\$ 3.00	_____
Sewing Kit	_____	\$ 1.00	_____
Slimster Wallet/Keychain	_____	\$ 2.00	_____
T-Shirt (white-blue logo)	_____	\$ 6.00	_____
<i>Sm.</i> _____ <i>Lg.</i> _____ <i>XL</i> _____			
Tablecloth (125 x 65)	_____	\$45.00	_____
Tape Measure/Level Key Chain	_____	\$ 1.00	_____
Tool Kit	_____	\$ 2.00	_____
Whisk	_____	\$ 1.50	_____
Zip Up Travel Bag	_____	\$ 10.00	_____
Grand Total (price includes shipping)			_____

*Please note: lower prices on many items, other items no longer available. Minimum order of **\$20.00** includes shipping. All other orders, shipping will be added to total.*

County _____ **Date** _____

Name _____

Address _____

Phone _____

Send order form with check made payable to KEHA to:

Sharon Dunn
P.O. Box 4525
Winchester, KY 40392-4525

To contact Sharon with questions:

Phone: (859) 595-6503
Email: misntxru2@yahoo.com

KEHA JEWELRY ORDER FORM

**Send to: Harry Klitzner, 44 Warren Street, Providence, RI 02907-2400
(Phone: 1-800-621-0161; Fax: 1-800-622-9802) www.klitzner.com**

Ship Order to: Name _____
Address _____
City _____ KY Zip _____
Phone _____

I. Member pins with no title are \$2.25 each. **Order #3010X**

II. Title pins are \$3.50 each. **Order #587XBX**

A. Officer Pins: (Number ordered)

President _____ Vice President _____
Secretary _____ Treasurer _____
Past President _____ Past Officer _____

B. Anniversary Pins in 5 year increments up to 80 years:

5 yr _____ 20 yr _____ 35 yr _____ 50 yr _____ 65 yr _____
10 yr _____ 25 yr _____ 40 yr _____ 55 yr _____ 70 yr _____
15 yr _____ 30 yr _____ 45 yr _____ 60 yr _____ 75 yr _____

III. Shipping Charges:

\$0 - \$35 = \$5.95 \$35-\$75 = \$8.95 \$75-\$100 = \$10.95
\$100-\$150 = \$12.95 \$150-\$200 = \$14.95 \$200-\$300 = \$17.95
\$300-\$400 = \$19.95

IV. Total number pins ordered:

a. #3010X _____ KY Member Pins @ \$2.25 each \$ _____
b. #587XBX _____ KY Title Pins @ \$3.50 each \$ _____
Shipping \$ _____
Total Sent \$ _____

Note:

1. Orders must be on Homemaker or Extension Stationary. Person ordering must show proof they are authorized to order the KY pins.
2. An account may be established with Harry Klitzner, Co. for orders \$25.00 or more.
3. KY pins are made up after the order is placed. Allow 3 weeks for delivery.
4. Phone orders are accepted but proof of authorization must follow in writing.

To be completed by County President or Vice President

200_ Membership & Recognition Report

_____ County Extension Homemakers Association

Complete this form based on your paid membership as sent to the State Treasurer.

Total Number of Paid Members

**Number of Members at large
or Mailbox Members**

Number and Types of Clubs

Day	Evening	Lunch	Couples	Special Interest	TOTAL
_____	_____	_____	_____	_____	_____

50, 60, 65, 70 and 75 Year Members

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

Name

Number of Years

- *
- *
- *
- *
- *
- *
- *

Deceased Members

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

- *
- *
- *
- *
- *
- *

Send completed form to : *Linda B. Green*
KEHA 2nd Vice President
11803 Suncrest Drive
Walton, KY 41094

KEHA PROGRAM OF WORK REPORTS

KEHA adopted a new reporting system that ties directly to the educational program of work for the organization and updates the method used for collecting data. The new reporting system was instituted for the 2006-2007 program year and continues. On the following pages you will find report forms for each of the eight educational chairmen. The educational chairmen are as listed:

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

We are requesting that each individual club chairman or representative send a club report to the respective county chairman, the respective county chairman will send a county report to the respective area chairman and the area chairman will send an area report to the respective state chairman.

The dates for sending the reports are listed on each form. Please send the reports before the deadline.

The only way for any reporting system to work is for the information to be collected at each level - club, county, area and state. We appreciate your support of this new reporting approach and thank you in advance for helping us implement this new system.

**Please use the following pages (48-54b dated either June 2007 or June 2008) to replace (dated August 2005) in your manual.
The 2005 forms will no longer be used.**

**KEHA Program of Work Report
Cultural Arts and Heritage**

From _____ to _____

Club Name: _____

County: _____

Number of Clubs reporting: _____

Area: _____

Number of Counties reporting: _____

State: _____

Number of Areas reporting: _____

Name of person completing this form: _____ **Title:** _____

Phone: _____

Email: _____

Instructions: Please list lessons, program and activities conducted during the year you are reporting.

- Club reports are due to the County Chairman **by January 1st**.
- County reports are due to Area Chairman by **February 1st**.
- Area reports are due to State Chairman by **March 1st**.

1. Did you study the Cultural Arts and Heritage Lesson “Discover the Past! Revitalizing Your Community through Historic Preservation?”
_____ yes _____ no
If yes, state the results of the lesson.

2. Did your county use the Book List? _____ yes _____ no
If yes, number of books read _____

3. Did you use the bookmarks sponsored by the State as rewards? _____ yes _____ no
If yes, number awarded _____

4. List the crafts taught in the last year and number attending each.

5. List Cultural Arts trips taken by your county and number attending.

6. Does your county have a quilt guild? _____ yes _____ no
Number of quilts made _____

7. Does your county have a basket guild? _____ yes _____ no
Number of baskets made _____
8. Number that attended a basket seminar in the last year _____
Number that attended a quilt seminar in the last year _____
9. Did your area/county sponsor a Heritage Skills camp/retreat? _____ yes _____ no
Number that attended _____
10. List service projects as result of Cultural Arts and Heritage (e.g. historic preservation projects, projects that promote the arts and/or heritage, etc.)
Project _____
Project _____
Project _____
11. Number that help with a local museum _____
12. List other activities/lessons pertaining to Cultural Arts and Heritage in which your county/area participated.

**KEHA Program of Work Report
Environment, Housing and Energy**

From _____ to _____

Club Name: _____

County: _____

Number of Clubs reporting: _____

Area: _____

Number of Counties reporting: _____

State: _____

Number of Areas reporting: _____

Name of person completing this form: _____ **Title:** _____

Phone: _____

Email: _____

Instructions: Please list lessons, program and activities conducted during the year you are reporting.

- Club reports are due to the County Chairman by **January 1st**.
- County reports are due to Area Chairman by **February 1st**.
- Area reports are due to State Chairman by **March 1st**.

Theme: Your Home: Past, Present and Future

1. Which of the following programs were conducted?

Lesson/Program/Activities	Clubs	Members	Non- members
Housing Lessons/Activities: ▪ A Home for a Lifetime of Living (including universal design and retirement housing) ▪ Family Keepsakes (including Our Treasured Belongings: Ties that Bind) ▪ New Products for Kitchen and Bath ▪ Controlling Clutter ▪ Healthy Homes (mold, safety, security, etc.) ▪ Other Housing & Furnishings Lessons or Activities: <i>(Please list on back.)</i>	(List number)	(List number)	(List number)
Environmental Lessons/Activities: ▪ Arbor Day or Earth Day ▪ Beautification Project or Adopt a Highway ▪ Other Environmental Lessons/Activities: <i>(Please list on back.)</i>			
Energy Lesson/Activities: <i>(Please list on back.)</i>			

2. How many counties participated in this year's contest?

of clubs with participants _____ # of members participating _____

3. Were any special county or area programs conducted related to housing, environment and energy topics? (Example: field trips, tours, housing clinics, special workshops, etc.)

Yes _____ No _____ If yes, please provide brief description. (Write on back if needed.)

**KEHA Program of Work Report
Individual and Family Development**

From _____ to _____

Club Name: _____

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

Area: _____ **Number of Counties reporting:** _____

State: _____ **Number of Areas reporting:** _____

Name of person completing this form: _____ **Title:** _____

Phone: _____ **Email:** _____

Instructions: Please list lessons, program and activities conducted during the year you are reporting.

- Club reports are due to the County Chairman **by January 1st**.
- County reports are due to Area Chairman **by February 1st**.
- Area reports are due to State Chairman **by March 1st**.

Specific lesson, program, workshop, or contest implemented (Please list titles below)	# of clubs using this resource (Answer if you are a county or area chairman.)	# and dates of your local club's session(s) on each topic and # of different participants	Actions taken as a result of the lesson, program, workshop (List specific actions of clubs or individual club members; i.e., # of storybooks distributed, displays put up)	Outcomes Please list specific results of actions (i.e., # of parents or caregivers now reading to children daily)

2. List special activities conducted (i.e., programs, tours, field trips, etc.) not included in state Plan of Work for 2007-2010. Include name of activity, location, and date, and results (observed learning that occurred, actions taken, plans of participants to do something different, etc.):

3. What part of the Plan of Work was most useful for implementing programs in Family and Individual Development? Why was that part helpful? (Please use back of page for answer.)

**KEHA Program of Work Report
Food, Nutrition & Health**

From _____ to _____

Club Name: _____

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

Area: _____ **Number of Counties reporting:** _____

State: _____ **Number of Areas reporting:** _____

Name of person completing this form: _____ **Title:** _____

Phone: _____ **Email:** _____

Instructions: Please list lessons, program and activities conducted during the year you are reporting.

- Club reports are due to the County Chairman **by January 1st**.
- County reports are due to Area Chairman by **February 1st**.
- Area reports are due to State Chairman by **March 1st**.

VOLUNTEERED TIME & MONEY

	<i>VOLUNTEER HOURS</i>	<i>DOLLARS</i>
Ovarian Cancer	_____	_____
Local Food Pantry	_____	_____
List Others:		
_____	_____	_____

	<i>#Members Participated</i>	<i># Non – members</i>
Blood Drive	_____	_____
Exercise Regularly	_____	_____
Annual Checkup	_____	_____
Improved Diet	_____	_____
Cancer Screening:		
Ovarian	_____	_____
(Site of Screening _____)		
Breast	_____	_____
Participated in the Kentucky Women's Health Registry _____		_____
List Other:		

List Food, Health & Nutrition Lessons Taught:

List UK Programs Used:

List Chairs/Groups Partners:

Use the back of this sheet for other, narrative report of special activities or bragging.

KEHA Program of Work Report 4-H Youth Development

From _____ to _____

Club Name: _____ Number of Clubs reporting: _____
 County: _____ Number of Counties reporting: _____
 Area: _____ Number of Areas reporting: _____
 State: _____
 Name of person completing this form: _____ Title: _____
 Phone: _____ Email: _____

Instructions: Please list lessons, programs and activities conducted during the year you are reporting.

- Club Reports are due to the County Chairman by January 1st.
- County Reports are due to Area Chairman by February 1st.
- Area Reports are due to State Chairman by March 1st.

The following questions apply to all youth, not just those in 4-H Youth Development programs.

- Number of members who worked with youth during past year. _____
- Total number of volunteer hours acquired through youth development work. _____
- Number of 4-H Camp scholarships/sponsorships given by your club. _____
- Number of youth that attended 4-H camp because of these scholarships/sponsorships. _____
- Total number of youth reached. _____
- Total number of volunteer hours with youth. _____

What did you do with youth (teaching, mentoring, judging project, etc.)?

4-H Lessons/Activities Taught: (check all that apply)

2008 – 2009	2009 – 2010	2010 – 2011
<input type="checkbox"/> Nutrition Background Basics guide	<input type="checkbox"/> Fitness Background Basics guide	<input type="checkbox"/> True Consequences
<input type="checkbox"/> Stand Up for Breakfast	<input type="checkbox"/> Fitness Speedway	<input type="checkbox"/> Fact or Fable?
<input type="checkbox"/> Fast Breaks for B.R.E.A.K.F.A.S.T	<input type="checkbox"/> Circle Keep Away	<input type="checkbox"/> Camp Courageous
<input type="checkbox"/> Breakfast Bloopers	<input type="checkbox"/> Walk Outside	<input type="checkbox"/> Sharing Our Love of Culinary Skills
<input type="checkbox"/> Graham Cracker Scram	<input type="checkbox"/> JIFF Family Newsletter (lesson 5)	
<input type="checkbox"/> JIFF Family Newsletter (lesson 5)	<input type="checkbox"/> Cone Crazy	
<input type="checkbox"/> Mealttime Manners publication	<input type="checkbox"/> Design A Game	
<input type="checkbox"/> General Manners Discussion	<input type="checkbox"/> Visualize Your Best	
<input type="checkbox"/> Table Setting Activity	<input type="checkbox"/> JIFF Family Newsletter (lesson 7)	
<input type="checkbox"/> Proper Use of Knife, Fork & Spoon	<input type="checkbox"/> Camp Courageous	
<input type="checkbox"/> Mealttime Manners Discussion	<input type="checkbox"/> Sharing Our Love of Culinary Skills	
<input type="checkbox"/> Potluck Supper		
<input type="checkbox"/> Camp Courageous		
<input type="checkbox"/> Sharing Our Love of Culinary Skills		

What have you as a Homemaker put into practice in your own life as a result of these lessons?
 (i.e. started walking more, cooking healthier foods and making wiser life choices)

**KEHA Program of Work Report
International**

From _____ to _____

Club Name: _____

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

Area: _____ **Number of Counties reporting:** _____

State: _____ **Number of Areas reporting:** _____

Name of person completing this form: _____ **Title:** _____

Phone: _____ **Email:** _____

Instructions: Please list lessons, program and activities conducted during the year you are reporting.

- Club reports are due to the County Chairman **by January 1st**.
- County reports are due to Area Chairman **by February 1st**.
- Area reports are due to State Chairman **by March 1st**.

Please include information for programs conducted in the past 12 months.

1. How many clubs (counties) conducted programs (club lessons, special interest lessons or workshops) as part of their International Program of Work?

Total clubs (counties) _____ Total members _____

2. Which of the following and other programs/activities were conducted?

Lesson/Program	#of clubs	# of members	#non members
Empowering Women	_____	_____	_____
Ghana	_____	_____	_____
Kentucky Academy	_____	_____	_____
Other:	_____	_____	_____
_____	_____	_____	_____

3. Were any special county programs conducted related to International?
(Travel abroad, exchange students/homemakers, letter friends, etc.)

4. Please summarize county participation in this year's contest.

Number of clubs with participants _____ Number of members _____

5. Reminder: Pennies for Friendship are to be turned in to the State Treasurer by **December 15th**.

**KEHA Program of Work Report
Leadership Development**

From _____ to _____

Club Name: _____

County: _____

Number of Clubs reporting: _____

Area: _____

Number of Counties reporting: _____

State: _____

Number of Areas reporting: _____

Name of person completing this form: _____ **Title:** _____

Phone: _____

Email: _____

Instructions: Please list lessons, program and activities conducted during the year you are reporting.

- Club reports are due to the County Chairman **by January 1st**.
- County reports are due to Area Chairman **by February 1st**.
- Area reports are due to State Chairman **by March 1st**.

❖ **LEADERHIP FOR KEHA**

What training has your club, county, or area held to train members to function as LEADERS for KEHA? You should consider all training for all officers and chairmen, not just for the Leadership Chairman.

CLUB KEHA LEADERS

CLUB Officers – Number trained _____

CLUB Chairmen – Number trained _____

COUNTY KEHA LEADERS

COUNTY Officers – Number trained _____

COUNTY Chairmen – Number trained _____

AREA KEHA LEADERS (to be completed by Area Chairman)

AREA Officers – Number trained _____ AREA Chairmen – Number trained _____

Describe training held for club, county, or area officers or chairmen.

Describe additional training you feel is needed to prepare Homemakers to function in leadership roles for **KEHA**.

What printed materials are needed?

Have individuals, clubs or county organizations sponsored sister clubs, nontraditional or junior clubs? Describe.

❖ **LEADERSHIP IN OTHER ORGANIZATIONS**

Describe how you have used leadership training received in KEHA with other groups and organizations in your community?

Describe leadership training (sponsored by other organizations) you attended or participated in.

Describe leadership development activities you helped promote while a member of another organization.

❖ **COMMUNITY VOLUNTEER ACTIVITIES**

Describe individual, club or county volunteer activities with other Extension organizations, such as 4-H, nutrition programs, farmer markets, etc.

Describe individual, club or county volunteer activities with other community volunteer organizations and activities, such as retirement homes, hospitals, schools, retirement homes, etc.

❖ **SCHOLARSHIPS**

Indicate the number of club, county and area scholarships awarded in each of these categories:

Type of Scholarship	Club # awarded and \$ amount	County # awarded and \$ amount	Area # awarded and \$ amount
High School – College			
High School – Tech or Vocational			
KEHA Member Only - College			
KEHA Member Only - Other			
4-H Camp			
Other			

Describe how funds were raised for the scholarships.

❖ **CITIZENSHIP** – Please indicate the number of members who:

_____ Are registered to vote; _____ Voted in last election

_____ Are familiar with flag etiquette; _____ Display the flag on holidays or other events

❖ **OTHER** - Please refer to the KEHA manual for information on the VSU program, Leadership Development contests and other information. The KEHA manual is available at you local Extension Office or on line at www.keha.org.

Mail to: René Siria
Leadership Development Chair
108 Old Station Road
Frankfort, KY 40601

**KEHA Program of Work Report
Management & Safety**

From _____ to _____

Club Name: _____

County: _____

Number of Clubs reporting: _____

Area: _____

Number of Counties reporting: _____

State: _____

Number of Areas reporting: _____

Name of person completing this form: _____ **Title:** _____

Phone: _____

Email: _____

Instructions: Please list lessons, program and activities conducted during the year you are reporting.

- Club reports are due to the County Chairman **by January 1st**.
- County reports are due to Area Chairman by **February 1st**.
- Area reports are due to State Chairman by **March 1st**.

1. Please complete the following chart to share information about lessons and activities:

	Number of people that have taken the lesson	Number of people who have taken action from the lesson	Number of people interested in the subject
55 and Alive (Driver's Education)			
Conversation with Older Drivers (AARP)			
Care for the Elderly			
Other lessons? Please List:			

2. List other lessons that you feel would benefit homemakers. What publications do you believe should be offered? _____

3. Use the back to inform us of your concerns, thoughts and suggestions.
Let us know what your group is doing concerning Management and Safety.

Thank you for your time and effort to improve the quality of KEHA!

KEHA TREASURER'S REMITTANCE FORM

Mail dues by December 15 (based on membership as of December 1 of current program year) to the KEHA Treasurer. Dues will be delinquent on December 31.

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

Remittances to be credited as follows:

Name of County _____

State Dues: Number of Members _____ @ \$4.00 per member \$ _____

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

Pennies for Friendship\$ _____

Evans/Hansen/Weldon Scholarship\$ _____

KEHA Homemaker Scholarship\$ _____

Ovarian Cancer\$ _____

Total Amount of Check\$ _____

Treasurer _____ Telephone _____

Address _____

FOR STATE TREASURER'S USE ONLY:

Refunds _____ \$ _____

(for what)

\$ _____

(for what)

Send original form plus check to the KEHA Treasurer.

RECORD OF MEETINGS

**Of the _____
Extension Homemakers Club**

**Of the _____ County
Extension Homemakers Association**

**RECORD OF MEETINGS
EXTENSION HOMEMAKERS CLUBS
OF THE
KENTUCKY EXTENSION HOMEMAKERS ASSOCIATION, INC.**

The purpose of this record book is to help Homemaker Clubs keep an accurate record of meetings, activities and work accomplished through educational programs in cooperation with the University of Kentucky Cooperative Extension Service. This section includes:

- Duties of Secretary
- Names of Officers
- Names of Subject Matter Chairmen
- Names of Committee Chairmen
- Roll Call of Members and Record of Attendance
- Hints on Writing Minutes
- Space for Recording Minutes
- Monthly Club Reports
- Monthly Financial Reports

Note: Only 1 copy of the forms is provided. Please make additional copies as needed.

DUTIES OF SECRETARY

1. Attend planning sessions, Executive Committee Meetings and any other meetings called by the President.
2. In absence of President and Vice-President, call meeting to order and preside until the election of chairman pro-tem, which should take place immediately.
3. Keep a record of all proceedings of the organization, usually called minutes. Be accurate, your minutes can stand in a court of law.
4. Keep official membership and record of attendance.
5. Keep all committee reports on file.
6. Maintain correspondence for club.
7. Send reports of the meeting to the County Extension Agent for Family & Consumer Sciences immediately following club meeting. (Report forms are found in this book.)
8. Attend officers' training meetings and assist in training the new secretary.
9. Transfer to successor all papers, records and other property of the Association within one month after your term of office expires.

**Officers, Subject Matter Chairmen and Chairmen of Special
Committees of the _____
Extension Homemakers Club**

For the year

OFFICERS

President _____

Address _____ Phone _____

Vice-president _____

Address _____ Phone _____

Secretary _____

Address _____ Phone _____

Treasurer _____

Address _____ Phone _____

SUBJECT MATTER CHAIRMEN

Cultural Arts & Heritage _____

Environment, Housing & Energy _____

Family & Individual Development _____

Food, Nutrition & Health _____

4-H Youth Development _____

International _____

Leadership Development _____

Management & Safety _____

OTHER CHAIRMEN (Landscape, Recreation, Inspiration, etc.)

Roll of Club Members for _____ - _____

Secretary will insert date below number of meeting. Secretary will check by marking P (present) or A (absent).

NAMES	Dues Paid	Attendance Regular Monthly Meetings											
		1	2	3	4	5	6	7	8	9	10	11	12
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													
16.													
17.													
18.													
19.													

NAMES	Dues Paid	Attendance Regular Monthly Meetings											
		1	2	3	4	5	6	7	8	9	10	11	12
20.													
21.													
22.													
23.													
24.													
25.													
26.													
27.													
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35.													
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37.													
38.													
39.													
40.													
41.													
42.													

Guidelines for Writing Minutes

The minutes of the organization become the permanent record of the group's actions. The minutes are a record of fact, not opinion. They record what happened and not the thoughts or feelings of members or officers.

The secretary is responsible for recording and keeping minutes of all meetings. They should be written clearly in a manner which leaves no room to question actions taken by the assembly. An absent member should be able to read the minutes and have a clear understanding of the business transacted at the meeting which was missed. All names should be clearly recorded, i.e., Nancy Jones, not Ms. Jones.

Make the minutes complete, neat and accurate. Keep them as short as possible and to the point. Always take notes at the meeting. Do not write the minutes directly into the secretary's book. Find your own "short cuts" to save time, but record sufficient information to write complete minutes. Write the actual minutes soon after the meeting while everything is fresh in your mind and before your notes are cold.

The following guidelines for writing minutes suggest a format which will aid you in preparing the minutes of each meeting.

I. The first paragraph should include:

- A. the kind of meeting (regular, special, annual, etc.)
- B. the name of the group
- C. date, time and place of the meeting
- D. whether or not the president and secretary were present and in their absence the name of their substitute
- E. the disposition of the minutes of the last meeting

II. The body should include:

- A. a separate paragraph for each topic
- B. the exact wording of all main motions, except those withdrawn, add the name of the mover of all motions
- C. resolutions, the exact wording immediately before being voted upon, ("Be it therefore resolved...")
- D. all amendments and their disposition
- E. all points of order and appeals, whether sustained or lost, and reasons given by the chair for the ruling

III. Closing

- A. The last paragraph of the minutes should contain the hour of adjournment.
- B. The minutes should be signed by the secretary or the person who took the minutes.

Minutes of Club Meeting

Date of Meeting _____ Place _____

Time of Meeting _____ Hostess _____

The meeting was called to order by _____

Monthly Club Report to County Extension Agent for Family & Consumer Sciences

Secretary: Fill out and sent to County Extension Agent for Family & Consumer Sciences immediately after each meeting.

1. Name of Club _____ Month _____

ATTENDANCE: Members _____ Visitors _____ TOTAL _____

2. Membership Status:

Number enrolled in your club now:

Regular Members _____ Members-at-Large _____

3. Major Lesson _____

Other lessons or programs _____

Members' Comments on lessons _____

4. Ideas for future lessons _____

5. How have club members used previous lessons? _____

6. Chairmen Reports given _____

7. List any suggestions or questions for your agent _____

8. Names and address of lesson leaders for next month _____

Names and address of members added this month
(Please send enrollment form and dues.)

_____ Phone _____

_____ Phone _____

List any members change of address

_____ Phone _____

_____ Phone _____

Names of members dropped this month

Other activities or projects this month _____

Describe briefly _____

No. of work days _____ Attendance _____ What was done? _____

9. Information shared with non-members:

Person-to-person contact adult _____ youth _____

No. of groups reached adult _____ youth _____

10. Next meeting place _____ Hostess _____

11. Date and time of next meeting _____

Signed _____

Secretary

Monthly Financial Report

Club _____ Month _____

Treasurer's Report

Balance Brought Forward \$ _____

Income for this month:

Description	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
Total Income	\$ _____

Total of Balance Brought Forward & Income..... \$ _____

Description	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
Total Expenditures	\$ _____

Balance at End of Month..... \$ _____

Signed _____
Treasurer

KEHA IN-KIND VOUCHER

Items donated to homemakers may be tax deductible. For merchandise donated, you can give them this in-kind voucher.

Fill in: Contributors name and phone number
Recipient name (your clubs name)
Address
You must sign the form.

Under no circumstances are you allowed to fill in the value amount. Make a copy when completed and keep on file with treasurer's reports.

The donor may fill in the value amount for their own tax purposes.

KEHA IN-KIND VOUCHER FORM

Contributors Name _____ Telephone _____

Address _____ City _____

State _____ Zip _____

Description of Donated Items

Value

Signature of Donor:

Signature _____ Date _____

Recipients Name _____

Address _____

EXPENSE VOUCHER

DATE _____

MEETING(S) _____

MILEAGE @ \$.505 mile x _____ miles = _____

MEALS not to exceed \$20.00 per day _____

REGISTRATION..... _____

LODGING..... _____

TAXI..... _____

AIR FARE..... _____

POSTAGE..... _____

PHONE..... _____

SUPPLIES..... _____

TOTAL _____

Please attach all receipts

<u>Note:</u> Budget category to be charged	_____	Amount	_____
	_____	Amount	_____
	_____	Amount	_____

Checks will be cut as invoice is received or twice a month unless otherwise notified.

NAME _____

BOARD POSITION _____

ADDRESS _____

ZIP _____ PHONE _____ EMAIL _____