



State Soil Conservation Committee
 MARYLAND DEPARTMENT OF AGRICULTURE
 50 HARRY S. TRUMAN PARKWAY
 ANNAPOLIS, MD 21401

**Application 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: Loretta Collins: 410.841.5863 or loretta.collins@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

N/A

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: _____

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

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