



Board Membership Application

Date: _____

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

Home Phone: _____ Cell: _____ Fax: _____

Email: _____ County of Residence: _____

Employer/Affiliation: _____ Title: _____

Work Address: _____

Work Phone: _____ Cell: _____ Fax: _____

Email: _____ County of Employment: _____

Type of Business: ___ private sector
 ___ a community based non-profit corp
 ___ other: _____

Length of Employment: ___ years ___ months

Preferred location to **mail** Board information to you: ___ Home ___ Work

Preferred **phone number** to reach you during business hours: ___ Home ___ Work ___ Cell

Preferred **email** address to be used: ___ Home ___ Work

Community Involvement

List community, civic, professional & business organizations of which you are, or have been, a member.

<u>Organization Name</u>	<u>Dates of Membership</u>	<u>Position</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Statement of Interest

1. Describe why you would like to participate on the Coalition: _____

2. What concerns do you have relating to early learning care and education? _____

3. What strengths will you bring to the Coalition? _____

4. Do you or anyone in your immediate family derive an income from a child care or pre-school program?

If yes, please describe: _____

5. How will your business or organization be beneficial to the Coalition? _____

6. How are you willing to serve? Quality Committee Finance Committee Officer

Federal and State Law require this Coalition to reflect representation of the local community by race, gender, ethnicity, and other characteristics.

Race: White/non-Hispanic African American Hispanic Asian/Pacific Islander
 American Indian/Alaskan Native Other: _____

Gender: Male Female

Do you have any disabling conditions? Yes No

If yes, please explain: _____

Are you a Veteran? Yes No

Commitment and Operational Statements

Time Commitment: Serving on the Early Learning Coalition of Florida’s Gateway will require a commitment of time including regular Coalition meetings, committee involvement, reading and becoming educated about the many aspects of early childhood development and school readiness.

Conflict of Interest: Conflict of interest may occur when an item is presented for a vote that will affect you, your employer, or another organization you are involved with. Conflict of interest rules generally require you to disclose the conflict, and abstain from discussion or voting on the matter.

Government in the Sunshine: The Early Learning Coalition of Florida’s Gateway is a legislative mandated group and will operate following the guidelines of “Government in the Sunshine”.

I understand these requirements of The Early Learning Coalition of Florida’s Gateway.

Signature **Date**

Please return completed APPLICATION and RESUME to:

Mail To: Stacey DePratter, Administrative Manager/HR
1104 SW Main Blvd.LakeCity.FL.32025
OR
Email To: sdepratter@elcgateway.org