



EARLY LEARNING COALITION BOARD MEMBERSHIP APPLICATION

| PERSONAL INFORMATION | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|------------------|
| Name | | | |
| Home Address | | | Apt./Unit # |
| City, State & Zip | | Home Phone: | |
| Cell Phone: | Fax: | Email address: | |
| Emergency Contact: | Telephone: | Relationship: | |
| EMPLOYMENT | | | |
| Name of Business/ Organization | | | |
| Occupation/ Position | | | |
| Address | | | |
| City, State & Zip | | | |
| Work Phone: | | Work Cell Phone: | |
| Work Email | | | |
| Type of organization: <input type="checkbox"/> Private For Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other: _____ | | | |
| COMMUNITY INVOLVEMENT | | | |
| Please list up to 5 civic, professional, business and/or other organizations with which you have been affiliated as a member and/or officer: | | | |
| Name of Organization and Dates of membership: | | | Office/Position: |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Do you, any of your relatives, or your business entity have a substantial financial interest in the design or delivery of the School Readiness or VPK Program or other child care program? No Yes If yes, please clarify:

Do you, any of your relatives, or your business entity work for, contract with, or serve as a vendor for any of the following agencies: Early Learning Coalition, Agency for Workforce Innovation, Department of Education, Public School district, or recognized accrediting agencies for public or private schools? No Yes

If yes, please clarify:

Statement of Interest: Why are you interested in applying for Board Membership?

In what way do you believe the Coalition will benefit from your participation as a Board Member?

Have you ever been convicted of a felony? No Yes If yes, please clarify:

Are you willing to be fingerprinted for background screening purposes? Yes No

Can you commit to regular attendance at Board and Committee meetings held generally held 6 times a year?

Yes No

What is your preferred location for contact? Work Home

PLEASE NOTE: You must provide a copy of your resume as a part of this application, Thank You.

Signature of Applicant

Date

Send Completed Application to:

Nominations Committee
Early Learning Coalition of Southwest Florida
5256 Summerlin Commons Way, Suite 201
Fort Myers, Fl. 33907

FAX: 239-267-4109 Telephone: 239-267-4105