

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 five 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 State-Funded 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?

How do you believe the Coalition will benefit from your participation as a Board Member?

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

Yes No

What is your preferred location for contact? Business 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:

Early Learning Coalition of Palm Beach County
Attn: Carmel Victor
2300 High Ridge Road, Suite 115
Boynton Beach, FL 33426

Fax: 561-214-7450 Telephone: 561-214-8000