



Early Learning Coalition of Palm Beach County

Ready to Learn. Ready for Life.

BOARD OF DIRECTORS MEMBERSHIP QUESTIONNAIRE

EARLY LEARNING COALITION OF PALM BEACH COUNTY

The Early Learning Coalition of Palm Beach County will use the information provided solely in connection with its review of your application for membership. Please note that Florida's public records law requires that all information received in connection with state business be made available to anyone upon request, unless there is a specific statutory exemption.

Section 1 – General Information

<p>Applicant's Name: (Include name commonly used, please print)</p>	
<p>Email Address</p>	
<p>Mobile Telephone Number</p>	
<p>Current Employer:</p>	
<p>Current Occupation:</p>	
<p>Florida County of Residence</p>	
<p>Is this the first time you have applied to this Board?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*Sex:</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>*Race:</p>	<p><input type="checkbox"/> White <input type="checkbox"/> Native-American/Alaskan Native <input type="checkbox"/> Hispanic-American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African-American</p>

* This information will be used to provide demographic statistics on board membership.

Section 2 – Education and Background

The questionnaire MUST BE COMPLETED IN FULL. Answer “none” or “not applicable” where appropriate.

Business Address:	
Residence Address:	
Preferred mailing address:	<input type="checkbox"/> Business <input type="checkbox"/> Residence

Education

High School:	
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List all postsecondary educational institutions attended:

NAME & LOCATION	DATES ATTENDED	CERTIFICATES/DEGREES RECEIVED

Military Service

Are you or have you ever served with a branch of the United States armed forces?

Yes No If "Yes" list:

- Dates of service: _____
- Branch or component: _____

Section 3 – Experience

Please include any degrees, certifications, or experience that relates to the Coalition.

Please include associations, memberships, or other positions currently held by you that relate to the Coalition.

Section 4 – Statement of Interest

Why are you interested in applying for the Coalition Board?

Have you ever been elected or appointed to any public office in this state?

- Yes No

If “Yes”, please include the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

OFFICE TITLE	DATE OF ELECTION OR APPOINTMENT	TERM OF OFFICE	LEVEL OF GOVERNMENT

Section 5 – Early Care and Education Partner Information

Are you a private child care partner or employee who receives funding from the Coalition in which you are applying for membership?

- Yes No

If yes, are you:

- For Profit Not for Profit Faith Based Other

Please list all services/programs for which you receive funding:

Background

Within the last four years, have you or members of your immediate family (spouse, child, parents(s), siblings(s), been owners, officers, employees, or held a contract with any state agency, local governmental agency or accrediting body, linked to the work of the Coalition?

Yes No If "Yes", explain:

NAME OF BUSINESS	FAMILY MEMBER'S RELATIONSHIP TO YOU	FAMILY MEMBER'S RELATIONSHIP TO BUSINESS	BUSINESS' RELATIONSHIP TO AGENCY

Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations.)

Yes No If "Yes", please provide details:

DATE	PLACE	NATURE	DISPOSITION

Section 5 – References

List three persons who have known you well within the past five (5) years. Include a current, complete address, email address and telephone number. Exclude your relatives.

NAME	MAILING ADDRESS	ZIP CODE	PHONE NUMBER	EMAIL ADDRESS

Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed?

Yes No If “Yes”, explain:

If required by law or administrative rule, will you file financial disclosure statements?

Yes No

CERTIFICATION

I _____ (print name), have carefully and personally prepared or read the answers to the foregoing questions. The information contained in said answers is complete and true.

Signature

Date

Applicant must attach a resume or biography.