



## EARLY LEARNING COALITION BOARD MEMBERSHIP APPLICATION

<b>PERSONAL INFORMATION</b>			
Name			
Home Address			Apt./Unit #
City, State & Zip		Home Phone:	
Cell Phone:	Fax:	Email address:	
Emergency Contact:	Telephone:	Relationship:	
<b>EMPLOYMENT</b>			
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: _____			
<b>COMMUNITY INVOLVEMENT</b>			
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  
2675 Winkler Ave. Suite 300  
Fort Myers, Fl. 33901

FAX: 239-935-6181 Telephone: 239-935-6100