



BOARD OF DIRECTORS MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth: (optional)	Home phone:	Cell home:
Current address:		
City:	State:	ZIP Code:
Race/Ethnicity: (optional)	Funding sources may request the ELC to provide this information for statistical purposes.	

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		Length of employment:
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	County:	<input type="checkbox"/> For Profit <input type="checkbox"/> Non Profit <input type="checkbox"/> Other

REFERENCES

Name	Address	Phone

SKILLS OF INTEREST TO THE EARLY LEARNING COALITION

For Faith-Based and Private/For Profit Center Directors and Family Child Care Home Providers Only

- A faith-based program in Okaloosa County
 A private/for profit program in Okaloosa County
 A faith-based program in Walton County
 A private/for profit program in Walton County

COMMUNITY INVOLVEMENT ACTIVITIES (PAST OR PRESENT)

Include: Board memberships, Association(s); Religious (optional), etc.

AWARDS/RECOGNITIONS

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CURRENT INTEREST IN THE EARLY LEARNING COALITION

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WHAT BOARD ACTIVITIES/COMMITTEES WOULD INTEREST YOU?

EXECUTIVE COMMITTEE
FINANCE/AUDIT COMMITTEE
OUTREACH AND AWARENESS
GOVERNANCE
MARKETING
OTHER ACTIVITIES:

SIGNATURE

I AGREE TO BE FINGERPRINTED AND SUBMIT TO A LEVEL 2 BACKGROUND SCREENING: _____

Signature of applicant:

Date: