

Board Membership Application				
Personal Information				
Last Name:	First Name:	M	liddle Name:	
Home Address:		<b>1</b>		
Home Phone:	Mobile Phone:	Н	ome Email:	
Employer Name:		Jo	ob Title:	
Employer Address:				
Business Phone:	Business Fax:	В	usiness Email:	
My employer is (check one); a private for-profit enterprise a private non-profit enterprise a public entity				
My employer operates in (list all	l applicable counties/sta	ates):		
My employer is a member of (list all applicable Chamber of Commerce or Economic Development Corporation):				
Please direct Coalition business	s information to (check o	one):		
my home contact informa	tion my employe	er contact inforn	nation	
Community Involvement				
Please list up to five community, civic, professional, business and any other organizations of which you are or have been a member.  Please list your current affiliation(s) first:				
Organization	Date of Mei	mbership	Position Held	
Member Classification				
Seats on the Coalition are established by state statute. Please indicate below the classification for which you are applying.				
Private Sector		Child <b>Care Provider Representative</b> (see nomination provision below)		
Please indicate whether:		(300 110111	made. provision below,	
You currently have or, if retired, have had policy		Please indicat	e which type of program you currently	
making or hiring authority in the for-profit company noted as my employer:YesNo		work in:Faith-b	pased program (Center)	
You or your family members derive income from early education and care programs:YesNo		Private	e program (Center or Home)	
Children with Disabilities Representative		Commun	ity At Large Representative	

	Statement of Interest			
Please indicate your reasons for applying and the qualifications you bring that will enhance the work of the Coalition as well as board committee interests/expertise [Finance/HR/Governance/Quality/Food Security/Best Business Practices] (attach additional pages as necessary):				
Nominee Characteristics				
The Coalition strives to reflect the makeup of our community. To assist us in that effort, please respond to the questions below:				
Race (check one):	Gender:	Age:		
African AmericanAmerican Indian or Alaskan Native	Male Female	under 18 19-24		
Asian Hispanic	r emaie	25-40 41-50		
White, non-Hispanic		51 or older		
Other				
Are you a Veteran:Yes	Are you a parent:Yes	Do you require any special accommodation in order to participate		
No	No	fully in Coalition business meetings?		
	Children's Ages	Yes (specify) No		
		···		

## Commitment and Operational Statements

Member Commitment: Serving on the Early Learning Coalition of Orange County will require a commitment of time, including attendance at Coalition meetings, involvement in at least one (1) committee, reading and becoming educated about many aspects of early childhood development, workforce development, welfare reform, and education. The Coalition sets its meeting schedule at the annual meeting in October of each year. In addition, members:

- Serve a term of four-years (may reapply for an additional four-year term not to exceed a maximum of two consecutive four-year terms)
- Make an In-kind or financial contribution toward the well-being of the organization
- Attend signature events

Conflict of Interest: Conflict of interest may occur when an item is presented for a vote that will directly affect you, your employer, or another organization with which you are involved. Conflict of interest rules generally require you to disclose the conflict and abstain for discussion and/or voting on the matter.

Government in the Sunshine: The Early Learning Coalition of Orange County is a legislatively mandated group subject to the guidelines of Florida Statutes 286.011. As such, all meetings where two or more Board members are present and Coalition business is discussed must be publicly noticed in advance of the meeting. Financial Disclosure: All Board members may be required, when directed by Corporate legal counsel, to file the short form financial disclosure annually with their Supervisor of Elections. Failure to do so has significant financial penalties.

I have read and understand the above statements and agree to abide by these. I also attest to the accuracy of all remaining information included above.			
Nominee Signature	Date		
Nominatir	ng Individual or Organization		
	seeking nomination as a childcare provider representative.)		
,	, , ,		
· · · · · · · · · · · · · · · · · · ·	ect to election. As such, to be placed on the ballot candidates		
must be nominated. Individuals may nomina	ite themselves.		
	at reserved for (check one) a private childcare provider is submitted on behalf of the nominee referenced above.		
Nominating Individual Name and Title	Date		
Organization			
For additional information	a or to submit a completed Application contact:		

additional information or to submit a completed Application contact:

EARLY LEARNING COALITION OF ORANGE COUNTY 7700 Southland Boulevard, Suite 100 Orlando, FL 32809

Phone: 407-841-6607 Fax: 407-749-0282