

Board Membership Application		
Personal Information		
Last Name:	First Name:	Middle Name:
Home Address:		
Home Phone:	Mobile Phone:	Home Email:
Employer Name:		Job Title:
Employer Address:		
Business Phone:	Business Fax:	Business Email:
My employer is (check one); <input type="checkbox"/> a private for-profit enterprise <input type="checkbox"/> a private non-profit enterprise <input type="checkbox"/> a public entity		
My employer operates in (list all applicable counties/states):		
My employer is a member of (list all applicable Chamber of Commerce or Economic Development Corporation):		
_____		
_____		
_____		
Please direct Coalition business information to (check one):		
<input type="checkbox"/> my home contact information <input type="checkbox"/> my employer contact information		
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 Membership	Position Held

Member Classification		
<p>Seats on the Coalition are established by state statute. Please indicate below the classification for which you are applying.</p>		
<p><input type="checkbox"/> <b>Private Sector</b></p> <p>Please indicate whether:</p> <p>You currently have or, if retired, have had policy making or hiring authority in the company noted as my employer:</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>You or your relative as defined by FL Statute 112.3143(c) derive income from early education and care programs. <i>“Relative” is defined as father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, or daughter-in-law.</i></p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>Child Care Provider Representative</b> (See nomination provision below.)</p> <p>Please indicate which type of program you currently work in:</p> <p><input type="checkbox"/> Faith-based program (Center)</p> <p><input type="checkbox"/> Private program (Center or Home)</p>	
<p><input type="checkbox"/> <b>Children with Disabilities Representative</b></p>	<p><input type="checkbox"/> <b>Community At Large Representative</b></p>	
Nominee Characteristics		
<p>The Coalition strives to reflect the makeup of our community. To assist us in that effort, please respond to the questions below:</p>		
<p>Race:</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> White, non-Hispanic</p> <p><input type="checkbox"/> Other</p>	<p>Gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Other</p>	<p>Age:</p> <p><input type="checkbox"/> under 18</p> <p><input type="checkbox"/> 19-24</p> <p><input type="checkbox"/> 25-40</p> <p><input type="checkbox"/> 41-50</p> <p><input type="checkbox"/> 51 or older</p>
<p>Do you require any special accommodation in order to participate fully in Coalition business meetings?</p> <p><input type="checkbox"/> Yes (specify) _____</p> <p><input type="checkbox"/> No</p>	<p>Are you a parent:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Children’s Ages</p> <p>_____</p>	<p>Are you a Veteran:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

## 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):

## 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

## Nominating Individual or Organization

(To be completed only for individuals seeking nomination as a childcare provider representative.)

The Childcare Representative seats are subject to election. As such, to be placed on the ballot candidates must be nominated. Individuals may nominate themselves.

This nomination is for the Coalition Board seat reserved for (check one) \_\_\_\_\_ a private childcare provider  
\_\_\_\_\_ a faith-based childcare provider and is submitted on behalf of the nominee referenced above.

\_\_\_\_\_  
Nominating Individual Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization

For 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