

## EARLY LEARNING COALITION BOARD MEMBERSHIP APPLICATION

### PERSONAL INFORMATION

Name			
Home Address			Apt./Unit #
City, State & Zip			Home Phone:
Cell Phone:	Fax:	Email address:	
Emergency Contact:	Telephone:	Relationship:	

### EMPLOYMENT

Name of Business/ Organization	
Occupation/ Position	
Address	
City, State & Zip	
Work Phone:	Work Cell Phone:
Work Email	
Type of organization: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <span>Private For Profit</span> <span>Non-Profit</span> <span>Other: _____</span> </div>	

### COMMUNITY INVOLVEMENT

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 State-Funded 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?

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In what way do you believe the Coalition will benefit from your participation as a Board Member?

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Can you commit to regular attendance at Board and Committee meetings held generally held 5 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:

Attn: Courtnie Walters  
Early Learning Coalition of Palm Beach County  
2300 High Ridge Road, Suite 115  
Boynton Beach, Fl. 33426

FAX: 561-214-7450 Telephone: 561-214-7421