

Board Membership Application		
Personal Information		
Last Name:	First Name:	Middle Name:
Home Address:		
Home Phone:	Home Fax:	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 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		
Seats on the Coalition are established by state statute. Please indicate the classification for which you are applying.		
<input type="checkbox"/> Private Sector.  Please indicate whether: You currently have or, if retired, have had policy making or hiring authority in the for-profit company noted as my employer.    Yes    No  You or your family members derive income from early education and care programs.    Yes    No	<input type="checkbox"/> Early Learning Provider Representative (see nomination provision below)  Please indicate which type of program you currently work in: <input type="checkbox"/> Faith-based program (Center) <input type="checkbox"/> Private program (Center) <input type="checkbox"/> Private FCCH program (Licensed)	
<input type="checkbox"/> Children with Disabilities Representative	<input type="checkbox"/> Community 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 (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): <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> under 18 years of age <input type="checkbox"/> 19-25 <input type="checkbox"/> 26-55 <input type="checkbox"/> over 55 years of age
Are you a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require any special accommodation in order to participate fully in Coalition business meetings: <input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No

## Commitment and Operational Statements

Time Commitment: Serving on the Early Learning Coalition of Osceola County will require a commitment of time, including regular Coalition meetings, committee involvement, 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 September of each year.

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 from discussion and/or voting on the matter.

Government in the Sunshine: The Early Learning Coalition of Osceola County is a legislatively mandated group subject to the guidelines of Florida Statute 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 an early learning provider representative)

The Provider 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 early learning provider

\_\_\_\_\_ a faith-based provider

\_\_\_\_\_ a family child care 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 Form contact:

Early Learning Coalition of Osceola County

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Kissimmee, Florida 34744

Phone: (407) 933-5353

Fax: (407) 933-5012

[www.elcosceola.org](http://www.elcosceola.org)