

Early Learning Coalition of Florida's Heartland, Inc.

APPLICATION FOR MEMBERSHIP

Private Sector and Optional

Remit Application to:

Anne Bouhebent
3028 Caring Way, Suite 4, Port Charlotte, FL 33952
Phone: 941-255-1650; Fax: 941-255-5856
abouhebent@elcfh.org

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City/State/Zip Code: _____

Telephone: _____ Fax: _____ Cell Phone: _____

E-Mail Address: _____

Name of Business/Organization: _____

Occupation/Position: _____

Address: _____ City/State/Zip Code: _____

Telephone: _____ Fax: _____ Cell Phone: _____

E-Mail Address: _____

Type of Organization:

Private-for-Profit Community Based Non-Profit Other: _____

Area(s)/County(ies) Served: _____

Are you a parent: yes no Ages of Children: _____

Are you the director, owner or employee of a child care program? _____

If so, what is the name of the program? _____

Can you commit to regular attendance of Board and Committee meetings? _____

1. Are you a business owner having at least a 10% ownership interest in the business entity? _____

2. Are you the chief executive or operating officer of a business entity? _____

3. Are you a business executive or employee of the business entity who is at the management level or higher with optimum policymaking or hiring authority for the business entity? _____

4. Are you an individual who previously met one of the criteria in 1 - 3 but who is retired from the business entity? _____

Do you or your relatives or your business entity have a substantial financial interest in the design or delivery of the Voluntary Prekindergarten Education Program or an early learning coalition's school readiness program? (Relative means father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, or daughter-in-law)

COMMUNITY INVOLVEMENT

Please list up to five community, civic, professional, business and/or other organizations with which you are or have been affiliated as a member and/or an officer.

ORGANIZATION	DATES OF MEMBERSHIP	OFFICES/POSITIONS HELD

STATEMENT OF INTEREST

Please state your reasons for applying for membership on the Coalition.

Federal and State law require the coalition to reflect representation of the local community by race, gender, ethnicity and other characteristics. Please complete this section as appropriate.

Race (Optional) Please check one:

- | | | |
|--|---|---|
| <input type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Other | | |

Gender: Male Female

Please indicate if you need accommodation for any disability. Yes No

If yes, please specify. _____

Age: 18 - 20 21 - 30 31 - 40 41 - 50
 51 - 60 61 & Older

Are you a veteran? Yes No

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

COMMITMENT AND OPERATIONAL STATEMENTS FOR THE COALITION

Time Commitment: Serving on the Early Learning Coalition of Florida's Heartland Board will require a commitment of time including regular Coalition meetings, committee involvement, document review and becoming familiar with various aspects of early childhood development and school readiness.

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 one to disclose the conflict and abstain from discussion or voting on the matter.

Government in the Sunshine: The Early Learning Coalition of Florida's Heartland, Inc. is a legislatively mandated group and operates under the auspices of "Government in the Sunshine".

My signature indicates that I understand and agree to the requirements as stated above for membership on the Early Learning Coalition of Florida's Heartland, Inc. Board of Directors.

Signature of Applicant

Date

Please submit completed application and resume to contact noted at the top of the application.

(for official use only)

PRIVATE SECTOR BUSINESS - NOMINATING BUSINESS/ORGANIZATION

This nomination is submitted with full support of:

_____ Chamber of Commerce

_____ Economic Development Council