



The
Early Learning
Coalition of the
Big Bend Region

**Early Learning Coalition of the Big Bend Region
Board of Directors Membership
Application**

This document and all information contained within it will become a public record as required by Chapter 119, F.S., and thusly viewable by members of the general public.

Early Learning Coalition of the Big Bend Region

*The information from this page has been requested and will be used exclusively by the
Early Learning Coalition of the Big Bend Region*

1. Applicant's Name: _____
(Including name commonly used, please print)

2. Current Employer: _____

3. Current Occupation: _____

4. Are you applying for a second term? Yes () No ()

5. Is this the first time you have applied to this Board? Yes () No ()

6. *Sex: Male () Female ()

7. *Race: White () Native-American () Hispanic-American ()
African-American () Asian/Pacific Islander ()

8. What county do you reside in? Gadsden () Jefferson () Leon ()
Liberty () Madison () Taylor ()
Wakulla ()

9. Do you now, or have you, within the last three years, been a member of any organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed to the Board of Directors.

Applicant's Email Address _____

Applicant's Cellular Telephone Number _____

Applicant's Fax Number _____

* This information will be used to provide demographic statistics on board membership and is not requested for the purpose of discriminating on any basis.

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The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate.

1. Business Address: _____
STREET CITY

ZIP CODE AREA CODE/PHONE NUMBER

2. Residence Address: _____
STREET CITY

ZIP CODE AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Business () Residence ()

3. Since what year have you been a continuous resident of Florida? _____

4. Education

List all postsecondary educational institutions attended:

NAME & LOCATION	DATES ATTENDED	CERTIFICATES/DEGREES RECEIVED
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Are you or have you ever been a member of the armed forces of the United States?
Yes () No () If "Yes" list:

A. Dates of service: _____

B. Branch or component: _____

C. Date & type of discharge: _____

6. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) If "Yes" give details:

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7. A. State your experiences and interests or elements of your personal history that qualify you for this position.

B. Have you received any degree(s), professional certification(s), awards/recognitions, or designations(s) related to the subject matter of this position? Yes () No () If "Yes", list:

C. Identify all association memberships and association offices held by you that relate to this position:

8. A. Have you ever been elected or appointed to any public office in this state?

Yes () No ()

If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

OFFICE TITLE DATE OF ELECTION OR APPOINTMENT TERM OF OFFICE LEVEL OF GOVERNMENT

9. Have you ever been found to be in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes () No () If "Yes", give details:

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14. With any business, professional, occupational, civic, fraternal or other nonprofit organizations you have been affiliated with, did you make a strong commitment of time and other available resources, such as personal skills, expertise and financial resources, to the organization? Yes () No () If "Yes", provide examples.

15. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes () No () If "Yes", explain:

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CERTIFICATION

I _____ (print name), have carefully and personally prepared or read the answers to the foregoing questions. The information contained in said answers is complete and true.

Signature

Date

*Applicant must attach a resume or biography.

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FOR CHILD CARE PROVIDERS ONLY-must be completed for consideration

1. Are you a private child care provider or employee who receives funding services from the Coalition in which you are applying for membership? Yes () No ()

A. If yes, are you: For Profit () Not for Profit () Faith Based () Other ()

B. Please list all services/programs for which you receive funding: _____

C. If you are a VPK provider or employee and you or your center receive funding for VPK: Did the most recent kindergarten rate for each program type (school year and/or summer) exceed the minimum kindergarten readiness rate established pursuant to s. 1002.69, F.S., for that program year? Yes () No ()

D. If you are a VPK or School Readiness Provider, did you submit accurate and timely monthly attendance roster for the VPK program in accordance with subsection 60BB-8.305(3), F.A.C? Yes () No ()

E. If a School Readiness provider, did you submit accurate and timely monthly attendance rosters for the School Readiness program? Yes () No ()

F. Are you accredited by a recognized agency? Yes () No ()

1. If yes, please list accrediting body: _____

2. Date of accreditation: _____

G. If you are a VPK provider, have you ever been determined to be a LLP (Low Performing Provider) by the FDOE (Florida Department of Education)? Yes . No .

H. A provider is not eligible for board membership, if during the last 24 months, the provider: (please circle all applicable):

- Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters containing inaccurate reporting of a student's child's attendance; or
- Submitted a monthly attendance roster resulting in an overpayment that exceeded 20 percent of the payment for a calendar month due to the provider's inaccurate reporting of a student's child's attendance; or
- Submitted a monthly attendance roster containing fraudulent reporting or other intentional misreporting of a student's child's attendance; or

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- Failed to comply with the terms of the Coalition’s School Readiness Provider Agreement.
- Licensed by the Department of Children and Family Services or a local licensing agency is not eligible to if the provider’s license status, as recorded in the department’s Child Care Information System, is “Revocation Action Pending,” “Suspension Action Pending/Suspended,” or “Closed.”
- A provider which is not licensed by the Department of Children and Family Services or a local licensing agency but which is accredited as described in s.1002.55(3)b., F.S., is not eligible if the provider’s accreditation status has expired or been rescinded.

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ELC of the Big Bend Region Commitment & Operational Statement

Time Commitment: Serving as a board member on the Board of Directors of the Early Learning Coalition of the Big Bend Region (ELC) requires a significant time commitment, including but not limited to: attendance at board meetings, attendance at committee meetings, attendance at board orientations or trainings, and other ELC events. Board members should be committed to early learning education and ensuring access to affordable, quality child care for all families and children.

Conflict of Interest: A 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. The board of the ELC is considered a public board under Florida Law and as such its members are governed by Florida Statutes 112.313 regarding conflicts of interest.

Membership Requirements: Florida Statute 411 and the Bylaws of the ELC govern the membership requirements of the board.

Government in the Sunshine: The ELC is a legislatively mandated organization that operates under the general Florida guidelines of "Government in the Sunshine".

I understand the requirements of Board membership for the Early Learning Coalition of the Big Bend Region and freely wish to provide my time and skills as a member of the board.

Signature of Applicant _____ Date _____

Should you have any questions, please contact Joey D’Souza, Governance Coordinator at 850.385.0504

Please email, fax or mail your completed application with a copy of your resume to:

Attention: Joey D’Souza, Governance Coordinator
Early Learning Coalition of the Big Bend Region
1940 North Monroe Street, Suite 70
Tallahassee, FL 32303
Fax: 850.922.0075
Email: jd’souza@elcbigbend.org

Required for private-sector membership only

Nominated By:

Name of Chamber of Commerce, EDC or School District _____

Signature of Representative _____ Date _____