

EARLY LEARNING COALITION OF MANATEE COUNTY, INC.

APPLICATION FOR BOARD MEMBERSHIP

Return Application to: Early Learning Coalition of Manatee County
Attn: Governance Committee
3526 Ninth Street West, Suite 200
Bradenton, FL 34205

Or fax: (941) 757-2915

I wish to be considered under the following category:

- FAITH-BASED CHILD CARE PROVIDER REPRESENTATIVE
 - CENTER-BASED CHILD CARE PROVIDER REPRESENTATIVE
 - CHILDREN WITH DISABILITIES PROGRAM REPRESENTATIVE
 - APPOINTMENT BY MANATEE COUNTY BOARD OF COUNTY COMMISSIONERS
 - PRIVATE SECTOR (Note: Neither you nor your family can earn an income from the early education and child care industry.)
 - MANDATORY/DESIGNEE
-

DATE: _____

DATE AVAILABLE: _____

NAME: _____
LAST

FIRST

MIDDLE

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HOME TELEPHONE: _____

CONTACT TIME: _____

FAX NUMBER: _____

REFERRED BY: _____

E-MAIL ADDRESS: _____

LIST ANY BOARDS/COMMITTEES/COMMISSIONS TO WHICH YOU ARE CURRENTLY APPOINTED:

1. _____

3. _____

2. _____

4. _____

OCCUPATION: (or, if retired, please indicate) _____

EMPLOYER: _____

WORK PHONE: _____

ADDRESS: _____

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(continued)

Complete the following: (Please describe those facets of your background/experience which you feel may be useful for membership on the **Early Learning Coalition of Manatee County, Inc.**)

IMPORTANT INFORMATION

1. Be advised that membership on the **Early Learning Coalition of Manatee County** may involve financial disclosure or the submission of other information.
2. Florida State Statute 119.07 designates that this application, as a public document, be made available to anyone requesting to view it.
3. Appointments to the **Early Learning Coalition of Manatee County, Inc.** will be effective upon majority vote of the Board of Directors. The terms of appointed members are staggered.

The **Early Learning Coalition of Manatee County** does not discriminate upon the basis of any individual's disability status. This non-discrimination policy involves every aspect of the Board's functions, including one's access to, participation or treatment in its programs or activities. Anyone requiring reasonable accommodations, as provided for in the Americans with Disabilities Act, should contact Paul Sharff three (3) days before such functions at 757-2900, ext. 109, or fax at 757-2915.

APPLICANT'S SIGNATURE: _____ DATE: _____