



APPLICATION FOR MEMBERSHIP
Provider Representative

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 applying for Representative of Private Providers Faith-based Providers

Are you the director of owner of the program?

How many children and what ages do you serve?

Are you presently contracted with ELCFH? School Readiness Provider VPK Provider

Can you commit to regular of Board and Committee meetings?

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 rorganization 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

**(For ELCFH office use only)
PROVIDER REPRESENTATIVE BALLOT**

Faith-based Provider

Private Provider

Faith-based Provider: applicant meets criteria stated in ELCFH Policy No. ADM - 2

Applicant is director or person of authority in a child care program (ADM-3)

Child care program is situated within county where Board seat currently resides (ADM-3)

Applicant has completed an interest statement to be included on the Provider Ballot (ADM-3)

Date of Application Submission:

County:
