

# Early Learning Coalition of Florida's Heartland, Inc.

## APPLICATION FOR MEMBERSHIP Private Sector Business Members

### Remit Application to:

Anne Bouhebert  
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### 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)

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**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.

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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: \_\_\_\_\_

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**REFERENCES:**

NAME	AFFILIATION	PHONE NUMBER

**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.

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Signature of Applicant

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Date

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