



Early Learning Coalition of Santa Rosa County Board Member Application

Thank you for your interest in serving on the Board of Directors of the Early Learning Coalition of Santa Rosa County! Being a member of the Board of Directors will require a commitment of time, including Coalition board meetings (*second Tuesday, every other month*), potential committee involvement and becoming educated about many aspects of early childhood development and school readiness.

Coalition Vision

The children of Santa Rosa County will enter kindergarten ready for success in the scholastic environment, through development of academic readiness skills, the ability to socialize, and physical fitness. Children will have the academic, social and wellness tools necessary to build a fulfilling and productive future.

Coalition Mission Statement

The mission of the Early Learning Coalition of Santa Rosa County is to provide a seamless system of care in which children receive the high quality school readiness services necessary for optimal cognitive, emotional, social and physical development, with the necessary linkage to screening and assessments, health care, and support for parents.

Please complete the following application and share with us your information and reasons for interest in joining the board. Keep in mind that **some board positions require Gubernatorial Appointment** and you may be asked to complete the "*Gubernatorial Appointment Questionnaire*" as a follow up to this application. You will be contacted with more information if this is the case.

Once again, thank you! We hope that becoming a member of the Early Learning Coalition of Santa Rosa County Board of Directors will be a rewarding experience for you as we work together to serve the children and families of Santa Rosa County.

Please return completed application to:

Sandy Peloke

Early Learning Coalition of Santa Rosa County

6460 Justice Avenue,

Milton, Florida 32570

Fax: 850-983-5312

Email: Peloke@elcsantarosa.org

For more information, contact Sandy Peloke at 850-983-5335.

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PERSONAL INFORMATION			
First Name		Last Name	
Home Address			Apt./Unit #
City, State, Zip Code		Home Phone	
Cell Phone	Fax	Email Address	
Emergency Contact	Phone	Relationship	
EMPLOYMENT			
Name of Business/Organization			
Occupation/Position			
Business Address			
Work Phone	Work Cell Phone	Work Email	
Type of Organization <input type="checkbox"/> Private For Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other: _____			
COMMUNITY INVOLVEMENT			
Please list up to 5 civic, professional, business and/or other organizations with which you have been affiliated as a member and/or officer:			
Name of Organization/Dates of Membership:		Office/Position	
1.			
2.		Office/Position	
3.		Office/Position	
4.		Office/Position	
5.		Office/Position	

BACKGROUND
<p>Have you ever been convicted of a felony?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (Please Explain Below):</p>

Statement of Interest

Please describe why you would like to become a member of the Coalition Board of Directors:

Conflict of Interest Statement

All Board members acting on behalf of the Coalition hold positions of trust and should conduct their activities accordingly. They must abide by the Coalition's conflict statements, striving to avoid conflict between private and official responsibilities. Activities that impair or appear to impair the ability to perform their Board duties or maintain independence and objectivity of judgment in the performance of their responsibilities to the Coalition are to be avoided. The use of one's position on the Coalition Board or knowledge of its affairs shall not be utilized for outside personal gains.

I have read the Conflict of Interest Statement above and understand that I must bring to the attention of the Coalition Board of Directors, immediately, any potential conflict of interest situations.

Signature: _____ Date: _____

Commitment Statement

I am aware of the required responsibilities for serving as a member of the Board of Directors of the Early Learning Coalition of Santa Rosa County and can commit to regular attendance at board meetings (averaging six times per year). I understand that if my seat on the board requires gubernatorial appointment I must complete the *Gubernatorial Appointment Questionnaire*. I further understand that the Coalition will provide a New Board Member Orientation following my appointment.

Signature: _____ Date: _____