



Early Learning Coalition  
Provider Rep Board of Directors Application

**All questions must be answered; if a question does not apply, please write N/A.**

**PLEASE SUBMIT YOUR APPLICATION, RESUME & 3 REFERENCES TO:**

Melody Martinez, Board Liaison/Executive Assistant

[Mmartinez@elcbroward.org](mailto:Mmartinez@elcbroward.org)

1475 W. Cypress Creek Road, Suite 301

Fort Lauderdale, FL 33309

954-789-1041 office

954-377-2192 fax



## Application

Applicant Full Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Position applying for: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Specify Preferred Mailing Address:  Business  Residential

## Education

List postsecondary educational institutions (or highest) attended or professional certifications:

<u>Name &amp; Location</u>	<u>Degree/Certificates Received</u>	<u>Dates Attended</u>

## Community Involvement

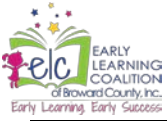
Please list community, civic, professional, business, and other organizations with which you are/have been involved (including professional/civic fraternal organizations):

<u>Organization</u>	<u>Position(s) Held</u>	<u>Dates Involved</u>

Have you ever been elected/appointed to public office in Florida?  Yes  No If yes, please provide details:

<u>Position/Office Title</u>	<u>Dates Served</u>	<u>Level of Government</u>

Have you received any awards/recognition?  Yes  No If yes, please list:



Do you have other skills/recognition you want to share with us?  Yes  No

If yes, please list:

### **Personal Statement**

**Please answer all questions:**

Why do you want to serve on the ELC's Board? What do you hope to achieve as a Board member? What is your vision for Early Childhood Education in Broward County?

## Personal History

1. Have you ever been removed from a board(s), committee(s), council(s), etc.?  Yes  No
2. Has probable cause ever been found that you violated Part III, Chapter 112, F.S., code of Ethics for Public Officers and Employees?  Yes  No
3. Are you now, or have you in the last 3 years, been a member of any club/organization that restricts (restricted) membership based on race, religion, national origin, or gender?  Yes  No
4. Have you ever been convicted/withheld adjudication for violating any federal, state, or municipal law/regulation/ordinance?  Yes  No
5. Have you, your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which your immediate family has been owners, officers, or employees, held any contractual/direct dealings with any state/local governmental agency in Florida during the last four years (including the office/agency to which you've been appointed of are seeking appointment)?  Yes  No

If you said yes to any of the above questions, please explain, if you said no to all the questions, then write N/A in the box below.

**Please note: If law or administrative rule requires, you must file financial disclosure statement(s).**

## References

Please attach three reference letters from professional contacts (Do not include personal references from family/friends).

List Name of references

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Questions for Childcare Providers Only

Are you employed by or do you own a private childcare facility that receives funding services from the ELC of Broward County?  Yes  No

If yes, are you:

For-profit

Not for profit

Faith-based

Other: \_\_\_\_\_

**\*\*Please note that the designated childcare provider representative (non-faith-based) serving on the early learning coalition's board must be a for-profit childcare provider.**

Approximately what percentage of the children/families attending your childcare center/home receive childcare subsidies? \_\_\_\_\_

Approximately what percentage of the children/families attending your childcare center/home receive VPK?  
\_\_\_\_\_

Is your center/home accredited by a recognized agency? If yes, provide details/expiration:

Do you agree to attend PLAN (Providers Learning and Networking) meetings consistently?  Yes  No

Do you agree to attend ELC Board and/or Board subcommittee meetings on a consistent basis and to inform the board about issues affecting the private childcare provider community?  Yes  No

How will you communicate with the provider community? What methods will you employ to ensure that you and the board hear childcare providers' diverse points of view?

**A Provider may not be eligible for Board Membership if during the last 24 months:**

It submitted a monthly attendance roster containing fraudulent reporting or other intentional misreporting of a student's attendance.

It failed to comply with the terms of the ELC's school readiness provider agreement.

Its license status, as recorded in CCIS, is "Revocation Action Pending," "Suspension Action Pending/Suspended," or "Closed."

Its accreditation status has been rescinded (for Providers not Licensed by Broward Co. Child Care Licensing)- S.1002055(3)B. F.S.

It has been identified on the FSDA or Florida disqualification list.

It has received multiple Class 1 and/or Class 2 violations from Broward Country Childcare Licensing and Enforcement within the last two years.



## Commitment and Operational Statements

**Time Commitment:** Serving as an ELC Board Member will require a commitment of time, including attendance at regular Board meetings and committee involvement, visiting community program sites, ELC events, and becoming educated about many aspects of early childhood development and school readiness. Board meetings are generally held once every other month.

**Conflict of Interest:** a conflict of interest may occur when an item is presented for a vote that will directly affect you, your employer, your immediate family, or another organization with which you are affiliated. Conflict of interest rules generally require you to disclose the conflict and abstain from discussion/vote on the matter.

**Membership Requirements:** School Readiness legislation and the Division of Early Learning Policies (OEL-PG-0002-10 "Early Learning Coalition Board Membership") govern the requirements for Board membership. Please see the applicable policies.

**Sunshine Law:** The ELC of Broward County is a legislatively mandated group and operates under the general Florida guidelines of The "Sunshine Law."

**Private Provider, Faith-Based Provider & Special Needs Representative:** Serving in such capacity requires a commitment to communicate Board business to constituents.

*I understand the requirements of Board Membership for the Early Learning Coalition of Broward County, Inc. I agree that I have carefully and personally prepared/read the answers to the foregoing questions. The information in this application is complete and true.*

Full Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## **SELF-IDENTIFICATION**

Completion of the following section is optional:

### **RACE:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino or Spanish Origin of any race
- Native Hawaiian or Other Pacific Islander
- White

### **RACE:**

- Female
- Male

### **Physically Disabled:**

- Yes
- No