

# Early Learning Coalition Board of Directors Application

### PLEASE SUBMIT YOUR APPLICATION & RESUME TO:

Melody Martinez, Board Liaison/Executive Assistant

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:			
Email Address:		Cell phone:	
Residential Address:			
Current Employer:			
Current Occupation:			
Business Address:			
Specify Preferred Mailing Address:	☐ Business ☐ Residential		
	<u>Education</u>		
List postsecondary educational institu	utions (or highest) attended or profess	sional certifications:	
Name & Location	Degree/Certificates Received	<u>Dates Attended</u>	

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## **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>	Position(s) Held	<u>Dates Involved</u>
Have you ever been elected/	appointed to public office in Florid	a? 🗌 Yes 🔲 No
If yes, please provide details:		<u> </u>
7 7		
Position/Office Title	<u>Dates Served</u>	<u>Level of Government</u>
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Position/Office Title	<u>Dates Served</u>	Level of Government
Position/Office Title	<u>Dates Served</u>	Level of Government
Have you received any award		
Have you received any award		

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of Broward County, Inc. y Learning. Early Success.	Do you have other skills, If yes, please list:	/recognition you want	: to share with us? $\Box$	] Yes □ No
	, ,,			
Please answe	er all questions:	Personal State	<u>ment</u>	
Why do you w			nope to achieve as a B	oard member? What is you
	,			
1				

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## **Personal History**

1.	Have you ever been removed from a board(s), committee(s), council(s), etc.? $\Box$ Yes $\Box$ 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? $\Box$ Yes $\Box$ 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? $\Box$ Yes $\Box$ No
4.	Have you ever been convicted/withheld adjudication for violating any federal, state, or municipal law/regulation/ordinance? $\Box$ Yes $\Box$ 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)? $\square$ Yes $\square$ No
If yo	u 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.
Pleas	se note: If law or administrative rule requires, you must file financial disclosure statement(s).
	References
	e attach three reference letters from professional contacts (please do not include personal references family/friends).
List N	Jame of references
1	
	<del></del>
3	

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# **Questions for Childcare Providers Only**

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 <u>must be a for-profit childcare provider.</u>
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? $\ \Box$ Yes $\ \Box$ 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? $\Box$ Yes $\Box$ No

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word County, Inc. g. Early Success.	ensure that you and the board hear childcare providers' diverse points of view?

How will you communicate with the provider community? What methods will you employ to

#### 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.

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## **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		

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## **Private-Sector Member**

I,, have read and reviewed OEL-PG-0002-10 "Early Coalition Board
Membership" and that I meet the eligibility requirements for Early Learning Coalition Private-Sector
membership in Broward County, as reflected therein, and that I do not have a substantial financial interest in
early learning programs as defined by said policies. I agree to immediately notify the Board of Early Learning
Coalition of Broward County, Inc. in writing, should that change during my term.
Signature
Date

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### **SELF-IDENTIFICATION**

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

**Physically Disabled:** 

☐ Yes

☐ Male

□ No