

Early Learning Coalition of Pinellas County, Inc.
Provider Representative

I. PERSONAL INFORMATION

_____	_____	_____
Last Name	First Name	
_____	_____	_____
Home Address	Home Phone	Fax
_____	_____	_____
City/State/Zip	Home E-mail	
_____	_____	_____
Business Employer or Affiliation	Business Phone	Fax
_____	_____	_____
Business Address	Business E-mail	
_____	_____	
City/State/Zip		

II. EMPLOYMENT INFORMATION

For-Profit Child Care Center or Family Child Care Home Faith-Based Child Care Provider

III. EARLY CHILDHOOD INVOLVEMENT / STATEMENT OF INTEREST

Are you a School Readiness provider? _____

Are you a VPK provider? _____

How many years of experience do you have in the child care industry? _____

As a provider representative, how will you seek feedback from the provider community? _____

Please offer a brief summary of your experience and/or interest in early childhood, or any additional comments you would like to submit for consideration. _____

IV. OTHER COMMUNITY INVOLVEMENT

Our members all share a strong involvement in the community. Please list the community, civic, professional, business, and/or other organizations with which you are, or have been affiliated:

Organizations	Dates of Membership	Position Held

VI. AFFIRMATIVE ACTION INFORMATION

Federal and State law requires that the Early Learning Coalition of Pinellas County, Inc. reflect the composition of the local community by race, gender, ethnicity, and other characteristics. Please complete:

Sex		Race		
<input type="checkbox"/> Male	<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> African-American	<input type="checkbox"/> Asian or Pacific Islander	
<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan Native		
	<input type="checkbox"/> Other (describe) _____			

VII. COMMITMENT & OPERATIONAL STATEMENTS

Time Commitment: Serving on the Early Learning Coalition will require a commitment of time including regular monthly coalition meetings, committee involvement, reading and becoming familiar with the many aspects of early childhood development and school readiness.

Employment: Provider representatives must represent a for-profit child care provider or faith-based child care provider.

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 require you to disclose the conflict and abstain from discussion or voting on the matter.

Government in the Sunshine: The Early Learning Coalition of Pinellas County, Inc. is a legislatively mandated board and will operate following the guidelines of 'Government in the Sunshine'. New member orientation will include specific information about these guidelines.

I understand these requirements of the Early Learning Coalition of Pinellas County, Inc., and wish to be considered for selection as the Provider Representative on the Board of Directors.

Signature of Applicant

Date

PLEASE RETURN COMPLETED APPLICATION TO:

Lindsay Carson, Chief Executive Officer
Early Learning Coalition of Pinellas County, Inc.
2536 Countryside Blvd., Suite 500 Clearwater, FL 33763

Bus: (727) 400.4440 Fax: (727) 548.1509 Email: lcarson@elcpinellas.net