



**APPLICATION FOR BOARD MEMBERSHIP**

Return Application to: Early Learning Coalition of Manatee County  
Attn: Governance Committee  
600 8<sup>th</sup> Avenue West  
Palmetto, FL 34221  
Fax to: (941) 757-2915  
Email to: moconnell@elc-manatee.org

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Date of Birth: Month Day

**EMPLOYMENT INFORMATION**

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

**LIST ALL BOARDS/COMMITTEES/COMMISSIONS TO WHICH YOU ARE CURRENTLY APPOINTED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Describe those facets of your background/education/experience(s) that you feel maybe useful for membership on the Early Learning Coalition of Manatee Board of Directors, and also state why you are interested in serving on the ELCMC Board.*

\_\_\_\_\_  
\_\_\_\_\_



APPLICATION FOR BOARD MEMBERSHIP (continued)

Multiple horizontal lines for writing.

IMPORTANT INFORMATION

- I. Be advised that membership on the Early Learning Coalition of Manatee County Board of Directors may involve financial disclosure or the submission of other information.
II. Florida State Statue 119.07 designates that this application, as a public document, be made available to anyone requesting to view it.
III. Appointment to the Early Learning Coalition of Manatee County, Inc. Board will be effective upon majority vote of the Board of Directors. All appointed terms are staggered.

The Early Learning Coalition of Manatee County, Inc. does not discriminate upon the basis of any individual's disability status. This non-discrimination policy involves every aspect of the Boards' functions; including one's access to, participation, or treatment in its programs or activities. Anyone requiring reasonable accommodations, as provided for in the Americans with Disabilities Act, should contact the HR department three (3) days before such functions at 757-2900 or fax to 757-2915.

Applicant's Name: \_\_\_\_\_ (Please Print Name)

Applicant's Signature: \_\_\_\_\_ (Date)

\_\_\_\_\_ Date Approved by CEO \_\_\_\_\_ (initials)

\_\_\_\_\_ Date Approved by Governance Committee Chair \_\_\_\_\_ (initials)

\_\_\_\_\_ Date Approved by Executive Committee \_\_\_\_\_ (initials)

\_\_\_\_\_ Date Approved by Board of Directors \_\_\_\_\_ (initials)