



BOARD OF DIRECTORS MEMBERSHIP QUESTIONNAIRE EARLY LEARNING COALITION OF ESCAMBIA COUNTY

The Early Learning Coalition of Escambia County will use the information provided solely in connection with its review of your application for membership. Please note that Florida's public records law requires that all information received in connection with state business be made available to anyone upon request, unless there is a specific statutory exemption.

Section 1 – General Information

Applicant's Name: (Include name commonly used, please print)	
Email Address	
Mobile Telephone Number	
Current Employer:	
Current Occupation:	
Florida County of Residence	
Is this the first time you have applied to this Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Race:	<input type="checkbox"/> White <input type="checkbox"/> Native-American/Alaskan Native <input type="checkbox"/> Hispanic-American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African-American
Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed to the Board of Directors

* This information will be used to provide demographic statistics on board membership.

Section 2 – Education and Background

The questionnaire MUST BE COMPLETED IN FULL. Answer “none” or “not applicable” where appropriate.

Business Address:	
Residence Address:	
Specify the preferred mailing address:	<input type="checkbox"/> Business <input type="checkbox"/> Residence
Since what year have you been a continuous resident of Florida?	

Education

High School:		Year Graduated:	
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List all postsecondary educational institutions attended:

NAME & LOCATION	DATES ATTENDED	CERTIFICATES/DEGREES RECEIVED

Military Service

Are you or have you ever been a member of the armed forces of the United States?

Yes No If "Yes" list:

- Dates of service: _____
- Branch or component: _____
- Date & type of discharge: _____

Background

Have you or members of your immediate family (spouse, child, parents(s), siblings(s), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?

Yes No If "Yes", explain:

NAME OF BUSINESS	FAMILY MEMBER'S RELATIONSHIP TO YOU	FAMILY MEMBER'S RELATIONSHIP TO BUSINESS	BUSINESS' RELATIONSHIP TO AGENCY

Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.)

Yes No If "Yes", please provide details:

DATE	PLACE	NATURE	DISPOSITION

Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees?

Yes No If "Yes", give details:

DATE	NATURE	DISPOSITION

Section 3 – Experience

State your experiences and interests or elements of your personal history that qualify you for this position.

List specially any degree(s), professional certification(s), or designations(s) related to the subject matter of this position:

List any awards or recognitions relating to the subject matter of this position:

Identify all association memberships and association offices held by you that relate to this position:

Have you ever been elected or appointed to any public office in this state?

Yes No

If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

OFFICE TITLE	DATE OF ELECTION OR APPOINTMENT	TERM OF OFFICE	LEVEL OF GOVERNMENT

If your service was on an appointed board(s), committee(s), or council(s):

- How frequently were meetings scheduled: _____
- If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s).

MEETINGS ATTENDED	MEETINGS MISSED	REASON FOR ABSENCE

Section 4 – Early Care and Education Partner Information

Are you a private child care partner or employee who receives funding from the Coalition in which you are applying for membership?

Yes No

If yes, are you:

For Profit Not for Profit Faith Based Other

Please list all services/programs for which you receive funding:

If you are a Voluntary Prekindergarten (VPK) partner or employee and you or your center receive funding for VPK: Did the most recent kindergarten rate for each program type (school year and/or summer) exceed the minimum kindergarten readiness rate established pursuant to s. 1002.69, F.S., for that program year?

Yes No Not Applicable

If yes, provide your latest Kindergarten Readiness Rate:

If you are a VPK or School Readiness partner, did you submit accurate and timely monthly attendance roster for the VPK program in accordance with subsection 60BB-8.305(3), F.A.C?

Yes No Not Applicable

If you are a School Readiness partner, did you submit accurate and timely monthly attendance rosters for the School Readiness program?

Yes No Not Applicable

Are you accredited by a recognized agency?

Yes No Not Applicable

If yes, please list accrediting body:

ACCREDITING BODY	DATE OF ACCREDITATION

If you are a VPK partner, have you ever been determined to be a Provider on Probation (POP) by the Florida Department of Education (FDOE)?

Yes No Not Applicable

A partner is not eligible for board membership if during the last 24 months, the partner:

- Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters 10 or more calendar days after the required submission date;
- Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters containing inaccurate reporting of a student's child's attendance; or
- Failed to repay an overpayment by the required repayment date after the Coalition discovered the overpayment and requested repayment; or
- Submitted a monthly attendance roster resulting in an overpayment that exceeded 20 percent of the payment for a calendar month due to the provider's inaccurate reporting of a student's child's attendance; or
- Submitted a monthly attendance roster containing fraudulent reporting or other intentional misreporting of a student's child's attendance; or
- Failed to comply with the terms of the Coalition's School Readiness Provider Agreement.
- Licensed by the Department of Children and Family Services or a local licensing agency is not eligible to if the provider's license status, as recorded in the department's Child Care Information System, is "Revocation Action Pending," "Suspension Action Pending/Suspended," or "Closed."
- A partner which is not licensed by the Department of Children and Family Services or a local licensing agency but which is accredited as described in s.1002.55(3)b., F.S., is not eligible if the provider's accreditation status has expired or been rescinded.

Section 5 – References

List three persons who have known you well within the past five (5) years. Include a current, complete address, email address and telephone number. Exclude your relatives.

NAME	MAILING ADDRESS	ZIP CODE	PHONE NUMBER	EMAIL ADDRESS

Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

NAME	MAILING ADDRESS	OFFICE(S) HELD & TERM	DATE(S) OF MEMBERSHIP

Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed?

Yes No If "Yes", explain:

If required by law or administrative rule, will you file financial disclosure statements?

Yes No

CERTIFICATION

I _____ (print name), have carefully and personally prepared or read the answers to the foregoing questions. The information contained in said answers is complete and true.

Signature

Date

Applicant must attach a resume or biography.