

PROVIDER REPRESENTATIVE MEMBER APPLICATION

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Business/Organization _____ Title _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

If you prefer the Coalition staff use an address/email/phone other than the above, please list below:

If you are applying as a childcare provider representative, please respond to the following:

Are you applying to represent private or faith-based providers? _____

Are you the director/owner? _____

How many children and what ages do you serve? _____

What is the percentage of children you have that are school readiness and/or VPK funded? _____

Can you commit to regular attendance for Coalition and Committee meetings? _____

Community Involvement

Please list community, civic, professional, business, and other organizations of which you are or have been a member.

Organization	Dates of Membership	Positions Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

Statement of Interest

Reasons for applying/additional comments _____

Commitment and Operational Statements

Time Commitment: Serving on the Early Learning Coalition will require a commitment of time including regular coalition meetings, committee involvement, reading and becoming educated about many aspects of early childhood development and school readiness. Meetings are currently held on the third Wednesday of each month at 8:30 a.m. in Bartow.

Provider Representatives: According to Florida Statute 411.01, representatives are private and faith-based providers.

Government in the Sunshine: The Early Learning Coalition is a legislatively mandated group and operates following the guidelines of "Government in the Sunshine."

I understand these requirements of the Early Learning Coalition of Polk County.

Signature of Applicant _____ Date _____

Return Application/Contact for Additional Information

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