



# 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**

**Dr. Marc Hutek**  
Early Learning Coalition of Polk County  
115 S. Missouri Ave., Suite 501  
Lakeland, FL 33815  
Phone: (863) 733-9064  
Fax: (863) 733-9079  
Email: [MarcHutek@elcpolk.org](mailto:MarcHutek@elcpolk.org)