



# FFCCHA Full Board: Area Rep Leadership Position Application

Deadline: February 5

2 year term begins July 1

FFCCHA Area Nominations, 1119 Ginsberg Dr., Daytona Beach 32114

**Questions?** Contact Jennifer Richards 386-846-9567 or [areacoordinator@familychildcare.org](mailto:areacoordinator@familychildcare.org) can be submitted via e-mail, land mail, fax, or hand delivery.

**Full Board Area Representatives:** *Circle One*

**Elected in Odd Year: 1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31**

**Elected in Even Years: 2 4 6 8 10 12 14 16 18 20 22 24 26 28 30**

*If two or more applicants are received that qualify, then election is by all members using ballots in the April newsletter or an Electronic ballot. Election Ballots are opened, counted and certified by a non-voting third party. If position is vacant, or no applicants are received by Feb 5, then must still apply and qualify, and position is appointed by the President.*

Date \_\_\_\_\_ County \_\_\_\_\_ Area # \_\_\_\_\_

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

E-mail \_\_\_\_\_

How long have you been an active child care provider? \_\_\_\_\_ How long have you been a member of FFCCHA? \_\_\_\_\_

**By-laws require a minimum of 2 years as a regulated FL provider and 1 year as a FFCCHA provider member.**

**Please include and attach the following with your application:**

1. RESUME
2. TWO LETTERS OF REFERENCE (one from 2 of the categories below): Must be dated within the last 6 months and include name, address, phone number, occupation and number of years they have known you.
  - A. Local Agency (coalition, resource and referral, licensing, food program, or another child care agency)
  - B. Local Chapter (if there is not a local association, use a community or civic organization)
  - C. Parent/guardian of a child currently in your care.
3. ESSAY: In 300 words or less, tell us about yourself and your reason for seeking the office. Elaborate on what skills or experience you possess that would qualify you for this position.
4. COPY OF YOUR LICENSE OR REGISTRATION.

**I, the undersigned do hereby state that I meet the qualifications as indicated in the by-laws of FFCCHA, Inc. If elected/appointed, I understand my job responsibilities and hereby agree to perform those duties to the best of my ability as leader of FFCCHA, Inc.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

revised 3/2023

*Date Received                      Regulation Verified                      member start date                      member expiration*