



FFCCHA Full Board: Area Rep Leadership Position Application

Deadline: January 5

2 year terms begin July 1

Area Rep Coordinator, 2732 Henrietta St., Jacksonville, FL 32209

Questions? Contact Lucinda Hightower, 904-475-0458 or email: 1thechildcareprovider@gmail.com

Applications can be submitted via e-mail, land mail 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 by Jan. 5th that qualify, then election is by **all** members using ballots in the April newsletter. Election Ballots are opened, counted and certified by a non-voting third party. If position is vacant or no applicants are received by Jan. 5th, 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 (contact info, work experience, education, etc.)
- 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 other 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 7/19/17

Date Received Regulation Verified member start date member expiration