FFCCHA Full Board: Area Rep Leadership Position Application

Deadline: January 15

2 year term begins July 1

FFCCHA Area Nominations, 504 Clear Lake Ave, West Palm Beach, FL 33401

Questions? Contact Mary Morris 561-386-3567 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 Jan 15, then must still apply and qualify, and position is appointed and voted by the Board.*

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 11/2025

Date Received Regulation Verified member start date member expiration