



# FFCCHA Chair (Non-Board) Leadership Position Application

Appointed by President with Full Board Approval

Applications can be submitted via e-mail, land mail, fax, or hand delivery.

Questions? Contact Chair: Mayra Marquez at: [Nominations@familychildcare.org](mailto:Nominations@familychildcare.org) or call 407-452-2967

Mail to: 101Gardenia Rd. Kissimmee, FL 34743

### Chair or Non-Board Position:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Advisory               | <input type="checkbox"/> Finance              | <input type="checkbox"/> M.E.N.T.O.R. Program |
| <input type="checkbox"/> Awards at conference   | <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Newsletter Editor    |
| <input type="checkbox"/> By-Laws                | <input type="checkbox"/> Historian            | <input type="checkbox"/> Nomination           |
| <input type="checkbox"/> CEU                    | <input type="checkbox"/> Hospitality/Sunshine | <input type="checkbox"/> Parliamentarian      |
| <input type="checkbox"/> Chaplain               | <input type="checkbox"/> Latino Development   | <input type="checkbox"/> Social Media         |
| <input type="checkbox"/> Chapter Development    | <input type="checkbox"/> Member Development   | <input type="checkbox"/> Translations         |
| <input type="checkbox"/> Credential Scholarship | <input type="checkbox"/> OTHER _____          |   |

Name \_\_\_\_\_ Date \_\_\_\_\_ Area # \_\_\_\_\_

Name of FCC Home on License/Registration \_\_\_\_\_

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

Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

Cell (     ) \_\_\_\_\_ County \_\_\_\_\_

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

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

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

1. RESUME
2. TWO LETTERS OF RECOMMENDATION (from 2 different categories or organizations 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 not a local association, use a community, religious or civic organization)
  - C. Parent/guardian of a child (currently in your care preferred or one from the past)
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 (if you are a provider member)

**I, the undersigned do hereby state that I meet the qualifications as indicated in the by-laws of FFCCHA, Inc. If 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 1/2024

\_\_\_\_\_  
*Date Received                      Regulation Verified                      member start date                      member expiration*