



FFCCHA Executive Committee Full Board Leadership Position Application

Deadline: January 5

2 year terms begin July 1

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

Questions? Contact: Karan Hiester at: educate71@gmail.com or call 386-957-4482

Mail to: 1859 Mango Tree Drive, Edgewater, FL 32141

Executive Committee (Officers) Elected in Odd Years:

Area Rep Coordinator Fundraising Latino Liaison Legislative Liaison President Vice-President

Executive Committee (Officers) Elected in Even Years:

Chapter Coordinator Membership Professional Development Public Relations Secretary Treasurer

*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.*

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? _____

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 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 1/19

Date Received

Regulation Verified

member start date

member expiration