

FFCCHA LEADERSHIP POSITION APPLICATION

Deadline: January 5

Circle only ONE position applying for:

Executive Board Elected in Odd Year: Vice-President, Fundraising, Latino Liaison, Area Representative Coordinator
Executive Board Elected in Even Year: Secretary, Membership, Public Relations, Chapter Coordinator, Professional Development

Executive Board Elected in 2008 and every 3 years thereafter: President Elect and Treasurer Elect. After serving a one year term, then President Elect becomes President and Treasurer Elect becomes Treasurer for a term of 3 years.

Full Board Area Representatives: Elected in Odd Year: 1 3 5 7 9 11 13 15 17 19 21 23 25

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

Executive Board (Officers) is elected by members using ballots in the April newsletter.

Area Rep positions are elected by area members using ballots in the April newsletter.

Election Ballots are opened, counted and certified by a non-voting third party.

If elected, 2-year term begins July 1.

Please complete this form and attach requirements listed below.
Mail to: FFCCHA, 9207 Edgemont Lanes, Boca Raton, FL 33434

Date _____ County _____ Area # _____

Name _____

Address _____ City _____ Zip _____

Phone () _____ Fax () _____

E-mail _____

How long have you been an active child care provider? _____

How long have you been a member of the FFCCHA, INC.? _____

Please include the following with your application:

1. RESUME
2. THREE LETTERS OF RECOMMENDATION: (dated within the last 6 months). You must include at least one recommendation from each category:
 - A. Local Agency (resource and referral, licensing, food program, or other child care agency,
 - B. Local association (if there is not a local association, use a community or civic organization)
 - C. Parent/guardian of a child currently in your care.Letters of recommendation must include name, address, phone number, occupation and number of years they have known you.
3. ESSAY: In 300 words or less, tell us about yourself and your reason for seeking the office. Include 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