



# Early Learning Coalition of Brevard County Board Membership Application

## Personal Information

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_/\_\_\_\_\_  
Employer/Affiliation Title

\_\_\_\_\_  
Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Phone Fax Email

Is your employer \_\_\_ a private-for-profit enterprise, \_\_\_ a community based non-profit corporation, or \_\_\_ other? \_\_\_\_\_

Does your employer/affiliation serve \_\_\_\_\_ north \_\_\_\_\_ central and/or \_\_\_\_\_ south Brevard County?

Do you live in \_\_\_\_\_ north \_\_\_\_\_ central or \_\_\_\_\_ south Brevard County?

## Community Involvement

Please list up to five community, civic, professional, business, or other organizations of which you are or have been a member.

Organization	Dates of Membership	Positions Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Statement of Interest

Reasons for applying/additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Federal and State law require this coalition to reflect representation of the local community by race, gender, ethnicity, and other characteristics**

Race (check one):  White, non-Hispanic  Black  Asian or Pacific Islander  
 Hispanic  American Indian or Alaskan Native  Other \_\_\_\_\_

Sex:  Male  Female Do you have any disabling conditions?  Yes  No

If you need accommodation, please specify: \_\_\_\_\_

Are you age 55 or older?  Yes  No Are you a veteran?  Yes  No

Are you a parent?  Yes  No Ages of children \_\_\_\_\_

**Commitment and Operational Statements**

**Time Commitment:** Serving on the Early Learning Coalition of Brevard County will require a commitment of time including regular coalition meetings, committee involvement, reading and becoming educated about many aspects of early childhood development and school readiness.

**Employment:** The school readiness legislation states that nominated members must be from the private sector, and neither they nor their families may earn an income from the early education or child care industry.

**Conflict of Interest:** Conflict of interest may occur when an item is presented for a vote that will directly affect you, your employer, or another organization you are involved with. Conflict of interest rules generally require you to disclose the conflict, and abstain from discussion or voting on the matter.

**Government in the Sunshine:** The Early Learning Coalition of Brevard County is a legislatively mandated group and will operate following the guidelines of "Government in the Sunshine".

I understand these requirements of the Early Learning Coalition of Brevard County.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Nominating Organization for a Private Sector Member**

This nomination is for a representative of the private sector and is submitted on behalf of:

Cocoa Beach Area Chamber of Commerce  Economic Development Commission  
 Melbourne/Palm Bay Chamber of Commerce  Palm Bay Area Chamber of Commerce  
 Space Coast Development Commission  Titusville Area Chamber of Commerce

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return Application/Contact for Additional Information**

**Early Learning Coalition of Brevard County**

Sky Beard, Executive Director

P.O. Box 560692 Rockledge, Florida 32956-0692

Phone: 321-637-1800 ext. 2010

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E-mail: [sbeard@elcbrevard.org](mailto:sbeard@elcbrevard.org)