

BOARD MEMBER NOMINATION FORM

You may nominate yourself. Please use a separate form for each person you nominate.

Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: *(work/home)* \_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Affiliation/Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the best of my knowledge, the person I am nominating \_\_\_\_lives/ \_\_\_\_works *(check one or both)* in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County.

Board category the person would best represent: *(you may check more than one, but please indicate in the qualifications section below which category the person would best represent and why):*

\_\_\_\_\_ Pre K/Primary Educator \_\_\_\_\_ Faith Community

\_\_\_\_\_ Family Education, Training \_\_\_\_\_ Business Community

and Support Provider \_\_\_\_\_ Parents of preschool children

\_\_\_\_\_ Childcare/Early Childhood \_\_\_\_\_ Philanthropic Community

Development/Education Provider \_\_\_\_\_ Non-Profit Organization That

\_\_\_\_\_ Healthcare Provider Serves Families and Children

\_\_\_\_\_ Local Government

Why are you nominating this person to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County First Steps Partnership Board? What special qualifications do they have?

Submitted by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return to: \_\_\_\_\_\_\_\_\_\_\_\_\_County First Steps Partnership by \_\_\_ [date]\_\_\_\_.

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_