

The Children's Learning Center
Application for Board Membership

Name: _____ Home Phone: _____

Occupation: _____ Business Phone: _____

Address: _____

City/State/ZIP: _____

YOUR BACKGROUND

What education or skills could you contribute to our board. (Please Check)

- | | | | |
|-------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> accounting | <input type="checkbox"/> investment | <input type="checkbox"/> education | <input type="checkbox"/> media relations |
| <input type="checkbox"/> business | <input type="checkbox"/> legal | <input type="checkbox"/> marketing | <input type="checkbox"/> public speaking |
| <input type="checkbox"/> planning | <input type="checkbox"/> fund raising | <input type="checkbox"/> community relations | |

Education: _____

Post grad or continuing education: _____

Vocational training: _____

Are you currently serving on any non-profit boards? If yes, please list term of service and position(s) held: _____

Charitable or community activities in which you have been involved: _____

YOUR AVAILABILITY TO SERVE

Head Start Board Meetings will typically be held the third (3rd) Monday of each month.
Please indicate your committee preference:

- | | | |
|---------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Budget | <input type="checkbox"/> Personnel | <input type="checkbox"/> Membership |
|---------------------------------|------------------------------------|-------------------------------------|

Could you regularly attend board meetings? () Yes () No Conflicts: _____

Would you attend a training session for new Board Members? () Yes () No

YOUR VIEWS ON OUR ORGANIZATION

What is your reason for seeking Board membership? _____

Please write a brief statement on your perception of pertinent issues/problems facing low-income parents in our community. _____

REFERENCES: (list names, addresses, and phone numbers)

If you have any questions regarding the Board of Directors roles and responsibilities at The Children's Learning Center and/or about the program, please contact the Executive Director Duane Belvoir.

Signature: _____ Date: _____

Please resubmit your application to The Children's Learning Center.
650 NE "A" Street, Madras, Or 97441
Phone: (541) 475-3628
FAX: (541) 475-2583