Early Learning Coalition of Lake County, Inc.
Board Membership Nomination Form

Personal Information:

Last Name     First Name    Middle Name

Employer/Affiliation        Title

Address

City                   State       Zip

Phone                  Fax      E-mail

Are you a parent? Yes _____ No _____ Ages of Children: ________________________
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 Lake County?
Do you live in ____ North ____ Central or ____ South Lake County?

Community Involvement:

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Dates of Membership</th>
<th>Positions Held</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statement of Interest:

Reasons for applying/additional comments: ________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Race (check one): _______ White, non-Hispanic  ________ African American ________ Asian or
Pacific Islander ________ Hispanic ________ American Indian or Alaskan Native
_______  Other ______________________________________________

Gender:  _____ Male  _____ Female

Do you have any disabling conditions?  _____ Yes _____ No
If yes, please explain: ____________________________

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

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

Commitment and Operational Statements:

Time Commitment: Serving on the Early Learning Coalition of Lake County Board 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.

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 Lake 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 Lake County

/__________________________
Signature       Date