

Regional Partnership Council Member Application

To print this view, please use the Print button on your browser.

Regional Partnership Council Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (555) 555-5555

Home _____ Office _____ Cell _____

E-mail Address: _____

Are you applying for more than one Regional Council? Yes No

If yes, please indicate for which other council you are submitting an application.

Regional Partnership Council Name: _____

Representation

Check any of the following that apply: While examples are defined, individual applicants may qualify based on experience or a description not specifically included but that is consistent with the community norms.

	Membership Category
<input type="checkbox"/>	Parent of a child five or younger at the time of their appointment to the Council - including guardians who are the primary care takers of a child five or younger.
<input type="checkbox"/>	Child care provider or preschool that is licensed by the Arizona Department of Health Services, certified by the Arizona Department of Economic Security, authorized by a Tribal government or the U.S. Department of Defense or registered with Child Care Resource and Referral.
<input type="checkbox"/>	Health services provider - serving children birth to age 6 and may include but is not limited to physicians, nurses County Health Department lay health care workers, school nurses, dentists, dental hygienists, registered dietitians, physical therapists, occupational therapists, speech therapists, psychologists, other physical and mental health services paraprofessionals.
<input type="checkbox"/>	Public school administrator (for the purposes of this requirement, charter schools established pursuant to Title 15 are considered public schools) - also includes Tribal Community schools and Federal / BIA schools on tribal lands.
<input type="checkbox"/>	Early childhood educator - Individuals providing early childhood professional development instruction, including but not limited to community college and university level instructors or administrators and educators in other professional development organizations.
<input type="checkbox"/>	Member of the business community - an owner, officer, CEO or member of the executive management staff of a for-profit or not-for-profit business.
<input type="checkbox"/>	Member of the faith community - an individual with a voluntary or paid role within the faith community, a Traditionalist in a Tribal community, or other representation consistent with the community norms and titles.
<input type="checkbox"/>	Member of a philanthropic organization - a member of the Board of Directors or executive management staff.
<input type="checkbox"/>	Tribal Member representative - a public official or employee of a Tribal government.
<input type="checkbox"/>	At Large Representative

Employment and/or Volunteer History

Attach a resume/vitae listing all positions held, a brief description of duties and accomplishments. For the current position held, please complete the following **(Complete this section only if you are currently employed)**:

Company Information:

Name:

Address:

City:

State:

Zip Code:

Current Position

Title:

Responsibilities:

Experience/Expertise

Do you have experience serving on a Board or Council? Yes No

If yes, please name the board(s) and dates served:

Board/Council	Dates Served (From-To)	

What special skills do you bring to the Regional Partnership Council?

Please list current and/or past community service activities and provide dates:

Please list current and/or past honors or leadership positions held on other boards or committees (professional or otherwise)

Tell us about your areas of experience / expertise relevant to this position. (Mark all that apply):

Advocacy	<input type="checkbox"/>
Board Leadership	<input type="checkbox"/>
Early Childhood Development	<input type="checkbox"/>
Early Childhood Health	<input type="checkbox"/>
Finance	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>
Legal	<input type="checkbox"/>
Public Policy	<input type="checkbox"/>
Strategic Planning	<input type="checkbox"/>
Management	<input type="checkbox"/>
Nonprofit Management	<input type="checkbox"/>
Volunteer Management	<input type="checkbox"/>
Other Medical Health	<input type="checkbox"/>
Program Services	<input type="checkbox"/>
Public Relations Marketing	<input type="checkbox"/>
Media Public Information	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Assurances:

I am interested in serving on the Regional Partnership Council for a (mark all that apply)

- 2 year term
- 4 year term
- either a 2 year or 4 year term

By checking the boxes below you are confirming that you understand the required conditions to serve on the Regional Partnership Council.

- I live in this Region.
- I work in this Region.
- I have time available to fulfill this commitment
- I understand that this is an unpaid position, but that I will be reimbursed for travel expenses, if requested.

References (3)

References are people who know you and can provide information about your volunteer, business, and/or community involvement in the Region. Please be sure that your references have been made aware that you are submitting their names and they may be receiving a call from the Arizona Early Childhood Development and Health Board.

Name: _____
Organization or Relationship: _____
Phone Number: _____
(555) 555-5555
E-mail Address: _____

Name: _____
Organization or Relationship: _____
Phone Number: _____
(555) 555-5555
E-mail Address: _____

Name: _____
Organization or Relationship: _____
Phone Number: _____
(555) 555-5555
E-mail Address: _____

We encourage you to submit your application online at <http://www.azecdh.gov/> If you are unable to submit the application online, please mail the application and your resume/vitae to:

Arizona Early Childhood Education and Health Board
Regional Council Partnership Application
4000 N. Central, Suite 800
Phoenix, Arizona 85012

or you may fax the application and your resume/vitae to: 602-274-7040.