



# FFCCHA Full Board: Area Rep Leadership Position Application

Deadline: January 5

2 year terms begin July 1

Area Rep Coordinator, 3224 Linden Drive, Sarasota, FL 34232

**Questions?** Contact Bernadette Heikkila at 941-371-0344 or via email [weluvkids@comcast.net](mailto:weluvkids@comcast.net)

Applications can be submitted via e-mail, land mail, fax: 941-371-0344, or hand delivery.

Full Board Area Representatives: **Circle One**

**Elected in Odd Year: 1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31**

**Elected in Even Years: 2 4 6 8 10 12 14 16 18 20 22 24 26 28 30**

*If two or more applicants are received by Jan. 5<sup>th</sup> that qualify, then election is by **all** members using ballots in the April newsletter. Election Ballots are opened, counted and certified by a non-voting third party. If position is vacant or no applicants are received by Jan. 5<sup>th</sup>, then must still apply and qualify, and position is appointed by the President.*

Date \_\_\_\_\_ County \_\_\_\_\_ Area # \_\_\_\_\_

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

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

How long have you been an active child care provider? \_\_\_\_\_ How long have you been a member of FFCCHA? \_\_\_\_\_

**By-laws require a minimum of 2 years as a regulated FL provider and 1 year as a FFCCHA provider member.**

**Please include and attach the following with your application:**

- 1. RESUME (contact info, work experience, education, etc.)
- 2. TWO LETTERS OF REFERENCE (one from 2 of the categories below): Must be dated within the last 6 months and include name, address, phone number, occupation and number of years they have known you.
  - A. Local Agency (coalition, resource and referral, licensing, food program, or other child care agency)
  - B. Local Chapter (if there is not a local association, use a community or civic organization)
  - C. Parent/guardian of a child currently in your care.
- 3. ESSAY: In 300 words or less, tell us about yourself and your reason for seeking the office.  
**Elaborate on what skills or experience you possess that would qualify you for this position.**
- 4. COPY OF your LICENSE OR REGISTRATION.

**I, the undersigned do hereby state that I meet the qualifications as indicated in the by-laws of FFCCHA, Inc. If elected/appointed, I understand my job responsibilities and hereby agree to perform those duties to the best of my ability as leader of FFCCHA, Inc.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

revised 9/10/15

*Date Received                      Regulation Verified                      member start date                      member expiration*