

**Application for HHS/ED Children's Center  
Board of Directors**

1. Name \_\_\_\_\_ 2. E-mail \_\_\_\_\_

3. Address \_\_\_\_\_

4. Phone number (work) \_\_\_\_\_ (home) \_\_\_\_\_

5. Employer and Position \_\_\_\_\_

6. Relevant experience/areas of expertise (for example, finance/budget, early childhood education)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Ages of children	Is the child enrolled at the Center?			
_____	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
_____	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
_____	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>

8. Why would you like to serve on the Board and what do you feel you can contribute?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Do you anticipate any problems making the necessary time commitment? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_