

Board of Directors Prospective Member Information Form



NAME _____ PHONE (Wk/Hm) _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____ CELL # _____

EMPLOYER NAME _____ (if applicable)

EMPLOYER ADDRESS _____ CITY _____ ZIP _____

Individuals serving on the Mahaska/Wapello Early Childhood Iowa Board of Directors may not be receiving MWECI funds as an individual or if employed by an agency receiving funds.

_____ I do not receive funds from M/W Early Childhood Iowa.

_____ I am employed by an agency that does / does not receive M/W Early Childhood Iowa funds.

Community sector that you could represent on the Board—please mark all that you feel could apply to you: (these are parts of the community in which you regularly work and/or with whom you are able to share information and from whom you can solicit ideas about MWECI and early childhood issues.)

___ Educational representative

___ Human services representative—representative from an organization providing human services (a public or private agency)

___ Health representative

___ Business representative

___ Faith Community representative – active member of the religious community – church pastor, church committee member, other church leadership

___ Consumer representative – parent, grandparent or legal guardian of a child 0-5 years

Please check any areas of expertise that you are willing to share with the board:

_____accounting/financial

_____legal expertise

_____community planning

_____early childhood

_____leadership/facilitation skills

_____public relations/marketing

Do you have access to a computer for emails and/or Zoom, and a printer? ___ yes ___ no

Please return to: Pat McReynolds, Mahaska/Wapello Early Childhood Iowa Area Director, P.O. Box 335, Richland, Iowa 52585 641.451.5437 OR scan and send via email: patmcreynolds318@gamil.com

For Board Documentation:

_____ New Board Member attended at least one Board Meeting prior to nomination. Date _____

_____ New Board Member has had a personal meeting with the Area Director: Date _____

_____ Conflict of Interest Statement signed. Date _____