## EARLY CARE AND EDUCATION PLANNING COUNCIL

## NEW MEMBER APPLICATION AND RESUME

## THE DEADLINE FOR RECEIPT IS AUGUST 31, 2020

## For more information about the Planning Council visit <http://www.acgov.org/ece>

## For more information reference the accompanying Request for Application (RFA) at <https://forms.gle/7YwSejnaJ6viMZFS6>

## For further support contact the LPC at ellen.dektar@acgov.org

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address and Alameda County Board of Supervisors District (<http://acgov.org/government/elected.htm>): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address and Alameda County District, (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Volunteer Organization (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Title/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Organization Address and Alameda County District (if known):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Were you referred by a current Alameda County Early Care and Education Planning Council Steering Committee member?**

**If so, who? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Yes  No**

**Are you a former Alameda County Early Care and Education Planning Council Steering Committee member?**

**Yes  No**

**Are you a current or former child care field consumer, or employee?**

**Yes  No**

**Check all categories under which you are applying for nomination. See reverse side for category descriptions.**

Discretionary: (i.e., Parent/Guardian, AC Office of Ed, Higher Ed., Public Agencies, Labor Union, etc.)

Child Care Provider – Subsidized Program  Alternate Payment Agency Representative

Public Agency Child Care Program Administrator  Community Representative

The Planning Council has a strong commitment to ensuring geographical, ethnic and gender diversity on the Steering Committee. Please complete the following:

In what part of the county do you work:  North  South  East  Out of County?

In what part of the county do you live:  North  South  East  Out of County?

Male  Female

White  African-American  Hispanic/Latino  Asian-American/Pacific Islander

American Indian  Other:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESUME AND APPLICATION QUESTIONS**

**Please provide a current resume as an attachment when submitting your completed application.**

**Brief Background Information:**

**Why should the Board and/or Superintendent appoint you to the Planning Council?**

**Comments /Additional Information and/or Questions:**

Next Steps: email scanned copies of the application and your resume to Ellen.Dektar@acgov.org and retain a record of the wet signature for recordkeeping purposes.