

**APPLICATION FOR APPOINTMENT TO
THE FIRST 5 HUMBOLDT ECCE ADVISORY COMMITTEE**

PLEASE PRINT OR TYPE

Name:		
Residence Address:		
Work Address:		
PLEASE NOTE THAT ADVISORY COMMITTEE MEMBERS MUST LIVE AND/OR WORK IN HUMBOLDT COUNTY.		
Home phone number:	Work phone number:	Fax number:
Cell phone number:	E-mail address:	
Are you a new applicant or an Advisory Committee member seeking another term?		

Areas of expertise: Please mark all areas of experience, both **Professional (PR)** and/or **Personal (PE)** by checking the appropriate boxes next to each category.

PR	PE		PR	PE	
		State Funded Childcare			Tribal Childcare or other services
		Family Childcare			Head Start
		Private Childcare – Non-profit (Title 22)			Immigrant Populations
		Private Childcare – For-Profit (Title 22)			Mentor Teacher
		College or University Education			Parent - Consumer
		Children with Special Needs			Business
		Coach or Mentor Teacher			Public Policy (City, County, State)

In answering the following question, identify the manner and extent of your experience. Be sure to provide particular evidence of your past experience as it related to children ages 0-5 and their families. Attach additional pages if needed. A resume may be attached containing this and any other information that would be helpful in evaluating your application.

Education:

12 units of ECE & where earned:	BA (specify degree subject)
Child Development Permit & Level:	Masters (specify degree subject)
AA (specify degree subject)	PhD (specify degree subject)

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Do you now, or have you ever, worked in the ECE Field?

What is your role related to ECE?

<input type="checkbox"/>	Family Child Care	<input type="checkbox"/>	Head Start
<input type="checkbox"/>	Center-Based Childcare	<input type="checkbox"/>	Parent - Consumer
<input type="checkbox"/>	Other	<input type="checkbox"/>	FFN (Family, Friend, Neighbor)

Please describe any experiences that have prepared you to advise the commission on early childhood care and education (community experience and affiliations, county boards, organization committees, work or other experience you feel is helpful in making this appointment).

Why would you like to serve on the early childhood care and education subcommittee?

Please list three professional references we may contact for more information on your experiences with children and families.

Name: _____ Email: _____ Phone: _____

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If appointed as a committee member, I understand First 5 Humboldt community advisory committee meetings are governed by California's Brown Act, and as such all deliberations are public, and meetings are noticed in accordance with the act. I further understand that as an advisory committee member any Committee decision-making or discussion I might participate in should be done in the service of First 5 Humboldt's mission and vision. If my personal interests or those of my employment conflict with First 5's mission and values, I agree to recuse myself from the discussion and decision making, in alignment with First 5 Humboldt's [Conflict of Interest Policy](#). Applicants appointed to the Advisory Committee will be required to complete and file a Statement of Economic Interests (Form 700) and complete Ethics Training every 2 years.

I further commit to attending meetings regularly and notifying First 5 Humboldt staff of any needed absences from meetings.

DATE: _____ SIGNATURE: _____

Send completed application to
First 5 Humboldt
325 2nd Street, Suite 210 Eureka, CA 95501

Questions? Please call (707) 445-7389 or e-mail first5humboldt@co.humboldt.ca.us
