

NAME: _____ **HOME PHONE:** () _____

ADDRESS: _____ **WORK PHONE:** () _____

E-MAIL: _____ **FAX:** () _____

Thank you for answering the following questions to provide information about your background and interest in becoming a member of the Kidango Board of Directors. Please use additional sheets of paper if needed.

1. Why are you interested in becoming a member of the Kidango Board of Directors?

2. Describe the personal and/or professional skills that you would bring to the Board of Directors.

3. Are you involved in other community or volunteer organizations? Yes _____ No _____

If yes, please describe your role and involvement. _____

4. Please describe your concept of quality early care and education. _____

REFERENCES (List three references we may contact.)

1. _____
(Name) (Address) (Day Phone)

2. _____
(Name) (Address) (Day Phone)

3. _____
(Name) (Address) (Day Phone)

Complete the following information, or attach a resume as you feel is appropriate in considering you for the Board of Directors:

College/Training:

Major: _____ Degree: _____

EMPLOYMENT

Employer: _____

Position: _____ Length of Employment: _____

Employer: _____

Position: _____ Length of Employment: _____

Employer: _____

Position: _____ Length of Employment: _____

DATE AVAILABLE TO START AS A BOARD MEMBER: _____

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Signature: _____ Date: _____