



HHS/ED Children's Center

Application for Board of Directors

Name: _____ Email address: _____

Mailing address: _____

Phone number (work): _____ (home): _____

Federal affiliation: HHS ED other federal: _____ none

Employer and position: _____

Relevant experience, areas of expertise (e.g., finance, budget, early childhood education):

Ages of children

Enrolled at the Center?

yes no

yes no

yes no

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

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

Comments:

