



# Boone County Empowerment

*“Every Child in Boone County Will Be Healthy and Successful”*

## *Application For Nomination For Board Membership*

The information provided on this application will be provided to the Board Processes Work Group for the purpose of selecting candidates for Board Membership.

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Telephone Numbers** \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

**Email** \_\_\_\_\_

**Can we contact you at work?**    **Yes**            **No**

**Place of Employment** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Please state your reasons for wishing to be appointed to the Boone County Empowerment Board:**

**Other Memberships and Affiliations (within the past five years)  
(Attach another sheet, if needed)**

**List Possible Conflicts of Interest** \_\_\_\_\_

\_\_\_\_\_

Please provide 3 personal and/ or professional references:

<b>Name</b>	<b>Address</b>	<b>phone #</b>	<b>other contact info</b>
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The Boone County Empowerment Board has established 4 Work Groups. Each Board member is asked to participate on at least one. These work groups meet monthly and the Board members participating are asked to become comfortable and knowledgeable regarding the goals of their work group.

Please indicate which Work Group(s) you would be interested in serving on:

\_\_\_\_\_ **Parenting Support Services**  
(Home visit/parental support programs/parent education)

\_\_\_\_\_ **Affordable and Quality Child Care**  
&  
**Professional Development**  
(Childcare Provider/Preschool support and continuing education)

\_\_\_\_\_ **Affordable and Quality Preschool**  
(Preschool collaboration and support to promote school readiness)

\_\_\_\_\_ **Board Steering Committee**  
(Financial Oversight and Board Leadership and Development)

**Demographic Information:**

**Gender**      Male              Female

**Current Location of Residence (Zip Code)**\_\_\_\_\_.

**Number of years residing in Boone County** \_\_\_\_\_

**By signing this application, I agree that while serving on the board, I shall not be employed by a provider of services to or for the community board.**

**I also agree that if upon election of board membership, I am able to serve up to a 3-year commitment to the board. I will agree to sign an agreement that there will be no conflict of interest. I will provide a copy of my drivers license and provide proof of auto insurance for the record. If at any point, this commitment cannot be fulfilled, I will provide my resignation to the Coordinator, in writing, at least 30 days prior to end date.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For more information about the Empowerment Process in Iowa please check the following website:

<http://www.empowerment.state.ia.us/>

<http://empowerboone.com/default.htm> (in development)

***The Boone County Empowerment Board would like to encourage Parents of young children and childcare providers consider applying for Board membership-***

***If you should have any questions about how you could be involved with the Empowerment Board in Boone County, please contact Julie Nash – Board Coordinator @ 515-433-4892***