

For information on serving on a regional partnership council, please refer to the regional council member job description and the *Regional Council Member Application Guide*.

Please remember to save a copy of your completed application for your records.

Items marked with an asterisk (*) are required.

Personal Information

Name*

First

Last

Home Address*

Address

Address 2

City

State

Zip + 4

Telephone Numbers*

Please enter at least one telephone number.

Home (include area code)

Office (include area code)

Mobile (include area code)

E-mail Address*

Please enter only one email.

Check here if you do not have an email.

Employment and/or Volunteer History

Resume* Attach a resume/vitae listing all positions held, a brief description of duties and accomplishments with your submitted application.

If you are currently employed, please complete the following section.

Current Position/Title*

Current Employer

Company Address

City

State

Zip + 4

Please list the main responsibilities of your current position.

Please list current and/or past community service activities and provide dates, if different than above.

Name of Organization:

Dates of Service:

Beginning (Month/Year)

End (Month/Year)

Please list current and/or past honors or leadership positions you have held (professional or otherwise).

Name of Honor/ Award/ Position:

Dates of Honor/ Award/ Position:

Tell us about your areas of experience/expertise relevant to this position .

Please mark all the apply,

- Early Childhood Development
- Early Childhood Health
- Finance
- Fund raising
- Legal
- Public Policy
- Strategic Planning

- Volunteer Management
- Other Medical Health
- Program Services
- Public Relations/Marketing
- Media Public Information
- Other:

Describe any additional skills you would bring to the regional partnership council.

Representation

Check any of the following that apply. While examples are defined, individual applicants may qualify based on experience or a description that is not specifically included in this list, but that is consistent with the community norms.

You must select at least one category.

- Parent of a child age 5 years or younger.** An individual who is a parent of a child 5 years or younger at the time of appointment to the regional council, which may include a guardian who is the primary caretaker of a child 5 years or younger.
- Child care provider.** An individual who is a child care, early education or preschool provider, from a program licensed by the Arizona Department of Health Services, certified by the Arizona Department of Economic Security, authorized by a Tribal government, the U.S. Department of Defense or registered with Child Care Resource and Referral.
- Health services provider.** An individual serving children 5 years and under. May include, but not limited to: physicians, nurses, County Health Department lay health care workers, school nurses, dentists, dental hygienists, registered dietitians, physical therapists, occupational therapists, speech therapists, psychologists or other physical and mental health services paraprofessionals.
- Public school administrator.** An individual with administrative responsibilities in public schools, public charter schools, mission schools or federal/Bureau of Indian Education schools on tribal lands.
- Early childhood educator.** Individual who provides early childhood professional development instruction. Includes, but is not limited to: community college and university level instructors or administrators and educators in other professional development organizations.
- Member of the business community.** An owner, officer, CEO or member of the executive management staff of a for-profit or not-for-profit business.
- Member of the faith community.** An individual with a voluntary or paid role within the faith community, a Traditionalist in a Tribal community or other representation consistent with the community norms and titles.
- Member of a philanthropic organization.** A member of the board of directors or executive management staff of a philanthropic organization.
- Tribal Member representative.** A public official or employee of a Tribal government.
- At Large representative.** First available to tribal representatives from each tribal nation located in the region. The balance of membership must be a community member who lives or works in the region and who may, but is not required to, represent any of the categories identified above.

Please provide a brief statement about why you are Interested in serving on a regional partnership council. Please explain your interest in early childhood development and health, your vision for Arizona’s children, and your view of the need for community collaboration.

Multiple horizontal lines for writing a statement.

References (3)*

References are people who know you and can provide information about your volunteer, business and/or community involvement. Please be sure that your references have been made aware that you are submitting their names. Please provide three (3) references.

Name:

Organization or Relationship:

Phone Number:

Email Address:

Horizontal lines for reference 1 details.

Name:

Organization or Relationship:

Phone Number:

Email Address:

Horizontal lines for reference 2 details.

Name:

Organization or Relationship:

Phone Number:

Email Address:

Horizontal lines for reference 3 details.

Are you currently serving, or have you served in the past, on a First Things First regional partnership council?

Yes No

If yes, please list the regional council and your representation category:

Regional Partnership Council

Membership Category

Assurances*

By checking the boxes below, you are confirming that you understand the required conditions to serve on a regional partnership council. You must check all boxes in order to submit your application.

- I live or work in the region.
- I have time available to fulfill this commitment.
- I understand that this is an unpaid position, but I will be reimbursed for travel expenses, as requested.
- I understand that each regional council membership is a four-year term of service.
- If selected, I understand I will need to complete the Arizona Department of Administration requirements for Board and Commission volunteerism, including Conflict of Interest training, Open Meeting Law training, and Driver’s Training. I further understand I will need to complete documentation including a W-4 Federal Tax Withholding Form, A4-Arizona State Tax Withholding, and a 1-9 Income Eligibility Form.

Signature

Date

Thank you for your interest and your application.

Applications can be returned to a local office or to the First Things First office at:

4000 North Central Avenue
Phoenix, AZ 85012
Attn: Regional Division

Fax: 602-274-6351

For questions, please call 602-771-5065