



**POLK COUNTY  
EARLY CHILDHOOD IOWA**

**Board Member  
Application**

**Vision:** Every child will be healthy and successful.

**Mission:** The Polk County Early Childhood Iowa Board's mission is to work with community partners to make investments in programming to achieve long-term positive results for children.

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home E-Mail \_\_\_\_\_

Current Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work E-Mail \_\_\_\_\_

Please indicate preferred contact for email, phone and mailings: ( ) Home or ( ) Work

Please briefly explain your interest in joining the Polk County ECI Board.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list areas of expertise you could contribute to the Polk County ECI Board. (Examples: Accounting, Fundraising, Policy Development, Public Relations, Community Service, Community Outreach)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list boards and committees you currently serve on or have served on. (These include business, civic, community, fraternal, political, professional, recreational, religious, social.)

Organization	Your Role/Title	Dates of service
_____		
_____		
_____		

Please include any additional relevant information.

\_\_\_\_\_  
\_\_\_\_\_

Please list organizations, groups or businesses you could serve as a liaison to for the Polk County ECI Board.

\_\_\_\_\_  
\_\_\_\_\_

To meet state board membership requirements the Board is required to have a minimum of one representative of each perspective listed below. Please check any perspectives you could represent as a Polk County ECI Board member:

- health
- human service
- education
- consumer (parent, guardian or grandparent of child 0-5)
- faith
- business

Do you or your spouse have a current affiliation with an Early Childhood Iowa funded project/program? (e.g., work for an entity receiving fund through Early Childhood Iowa Area Board such as a preschool who might receive preschool tuition from ECIA funds) Y / N  
If yes, please briefly explain.

\_\_\_\_\_  
\_\_\_\_\_

We welcome your interest in becoming a Polk County ECI Board member. If you have questions, please contact PCECI Executive Director, Barb Bremner. Thank you for applying.

Please return your completed application to:

Barb Bremner  
Executive Director, Polk County Early Childhood Iowa  
1111 9<sup>th</sup> St., Suite 100, Des Moines, IA 50314  
515-246-6531 (direct line)  
email: [bbremner@unitedwaydm.org](mailto:bbremner@unitedwaydm.org)