



Board Member Application
Kids First Communities Early Childhood Iowa Area
Clarke, Decatur and Wayne Counties

1. Date _____

2. Contact Information
Name: _____
Address: _____
City/St/Zip: _____
Email: _____
Phone: _____

3. Male Female

4. Employment Information
Company/organization: _____
Position held: _____

5. Does this company/organization receive funds from Kids First Communities?
 Yes No

6. Board Representation (check all that apply)
 Health Business Education Faith-based Human Services
 Parent/Grandparent (primary caregiver of a 0-5 year old) Public/elected official

7. Areas of expertise
 Fundraising Financial management Education Technology Health
 Human Services Human resources Marketing Government Legal
 Other

8. The Board plans to meet the third Thursday of August, October, January, March, May and June at 5:00 – 6:30 PM in Leon, Iowa. Will this work for you?
 Yes No

9. Other meeting times are sometimes needed to work on budgets, reports, etc. Will this work for you?
 Yes No

10. Would you be able to serve on a special workgroup committee if requested?
 Yes No

11. What other organizations/volunteer work are you involved with? _____

12. Comments: _____

