



APPLICATION FOR THE REGIONAL BOARD OF DIRECTORS

MEMBER INFORMATION

Name:		
Home Address:	Postal Code:	Region:
Email:	Home/Cell Phone:	
Work Phone:	Fax:	
How long have you been an MCCA member?	Are you over the age of 18? Y / N	
MCCA Membership Number:	Membership Category:	
Place of Employment:		

EXPERIENCE

Which position on the MCCA Regional Board of Directors are you interested in?

- Chair
 Vice Chair
 Treasurer
 Secretary
 Member at Large

Please identify the experiences, knowledge, and perspectives you would bring to MCCA:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Child Care Assistant | <input type="checkbox"/> Early Childhood Educator | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Inclusion Facilitator |
| <input type="checkbox"/> Executive Director | <input type="checkbox"/> Family Child Care Provider | <input type="checkbox"/> Nursery School | <input type="checkbox"/> Educator/Instructor |
| <input type="checkbox"/> Academic/Researcher | <input type="checkbox"/> Financial Management | <input type="checkbox"/> Political | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Labour | <input type="checkbox"/> Business | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Band/Committee Experience |
| <input type="checkbox"/> Government | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Rural | <input type="checkbox"/> Northern |
| <input type="checkbox"/> National Child Care | <input type="checkbox"/> International Child Care | <input type="checkbox"/> Current or Former Board Memberships | |

Are there any additional skills you will bring to the MCCA Board of Directors?

Why are you interested in serving on the Regional Branch Board of Directors?

Describe any relevant involvement, contribution, or leadership you have provided to the child care sector in your community/your region/provincially/or nationally.

Describe your previous experience on other boards or committees of not-for profit organizations.

REFERENCES

Please provide the names of two MCCA members familiar with your credibility, knowledge, work, and experience in early learning and child care who have agreed to provide a reference for you:

Name:

Home Address:

Postal Code:

Work Phone:

Home/Cell Phone:

Email:

MCCA Membership Number:

Membership Category:

Place of Employment:

Position:

Relationship to Applicant:

Name:

Home Address:

Postal Code:

Work Phone:

Home/Cell Phone:

Email:

MCCA Membership Number:

Membership Category:

Place of Employment:

Position:

Relationship to Applicant:

If elected, I agree to be truthful credible, ethical, lawful, and professional in my dealings on behalf of The Manitoba Child Care Association and do nothing to violate the trust of other volunteers and MCCA members.

Signature of Applicant

Date