



Manitoba Child Care Association

Application for the Regional Branch Board of Directors

Name: _____

Home Address: _____ Region: _____

Postal Code: _____

Phone: (Work) _____ Email: _____
(Home) _____
(Cell) _____

Fax: _____ Are you over the age of 18: _____

MCCA Membership Number: _____ Membership Category: _____

How long have you been an MCCA member? _____

Place of Employment: _____

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

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

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

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.

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:

1. Name: _____

Home Address: _____

Postal Code: _____

Phone: (work) _____ Email: _____
(home) _____
(cell) _____

MCCA Membership Number: _____ Membership Category: _____

Place of Employment: _____

Position: _____

Relationship to Applicant: _____

2. Name: _____

Home Address: _____

Postal Code: _____

Phone: (work) _____ Email: _____
(home) _____
(cell) _____

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