



## BOARD MEMBER NOMINATION FORM

You may nominate yourself. Please use a separate form for each person you nominate.

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: *(work/home)* \_\_\_\_\_

E-mail:  
\_\_\_\_\_

Affiliation/Employment: \_\_\_\_\_

To the best of my knowledge, the person I am nominating \_\_\_\_ lives/ \_\_\_\_ works (*check one or both*) in Calhoun County.

Board category the person would best represent: (*you may check more than one, but please indicate in the qualifications section below which category the person would best represent and why*):

\_\_\_\_\_ Pre K/Primary Educator

\_\_\_\_\_ Faith Community

\_\_\_\_\_ Family Education, Training  
and Support Provider

\_\_\_\_\_ Business Community

\_\_\_\_\_ Childcare/Early Childhood

\_\_\_\_\_ Parents of preschool children

\_\_\_\_\_ Development/Education Provider

\_\_\_\_\_ Philanthropic Community

\_\_\_\_\_ Healthcare Provider

\_\_\_\_\_ Non-Profit Organization That

Serves Families and Children

\_\_\_\_\_ Local Government

Why are you nominating this person to the Calhoun County First Steps Partnership Board? What special qualifications do they have?

Submitted by:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Return to: Calhoun County First Steps Partnership by December 31, 2021.

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_