



**Dubuque County Early Childhood (DCEC)
Board of Directors Membership Application**

Information:

Name: _____

Preferred Mailing Address: _____

City, State, Zip: _____

Phone: (home) _____ (work) _____

E-Mail: _____ Referred by: _____

Employer: _____ Position Title: _____

Why are you interested in joining the DCEC board of directors?

What skills can you contribute to the board?

What is your current and previous community involvement?

Are you able to attend and participate in all regular and special board meetings? Typically, the board meets monthly on the fourth Wednesday at noon (except in July and December). Will you provide leadership as required? Yes _____ No _____

Are you willing to serve on at least one committee? Yes _____ No _____

Is your primary home residence in Dubuque County? Yes _____ No _____

Are you, your spouse, or your employer a direct or indirect recipient of Dubuque County Early Childhood funds or services?

_____ Yes _____ No _____ Not sure

Return to: director@dcearlychild.org