

Florida Department of Education

**VPK Education Program Curriculum Approval
Committee Member Nomination Form
2007**

Part II – Completed by the Nominee

Please provide the following information. Both Parts I and II are to be returned no later than **Monday, March 5, 2007, to:**

Gloria Hearn, Educational Policy Consultant
Florida Department of Education, Office of Early Learning
325 West Gaines, Suite 1524
Tallahassee, FL 32399
Fax: 850-245-5105

Please Print

Contact Information

1. Full Name: _____

2. Address: _____

(City) (County) (State) (Zip)

3. Telephone: _____
(Home) (Business)

4. E-Mail Address: _____

Alternate E-mail Address: _____

5. Are you a resident of the State of Florida? Yes No

6. School District or Early Learning Coalition: _____

7. School Name (if applicable): _____

8. Category for which this nomination is being submitted:

- | | |
|--|--|
| <input type="checkbox"/> Executive Director, Early Learning Coalition | <input type="checkbox"/> Director, VPK Education Program |
| <input type="checkbox"/> Instructor, VPK Education Program | <input type="checkbox"/> Representative, Public School District |
| <input type="checkbox"/> Representative, Institute of Higher Education | <input type="checkbox"/> Representative, Agency for Workforce Innovation (AWI) |

Current Employment

9. Occupation/Job Title: _____

10. Address: _____

(City) (County) (State) (Zip)

Educational Background

11. Degree(s) earned (or attach resume or vita): _____

12. Relevant Experience (or attach resume or vita): _____

13. List any public office you now hold or have held and/or any employment by a government agency or service on federal, state and/or local advisory committees, commissions, councils or task forces(or attach resume or vita): _____

14. List national, state, community and/or educational organizations in which you are now or have been a member (or attach resume or vita): _____

16. Please describe any professional honors or awards you have received (or attach resume or vita): _____

17. Briefly describe why you are interested in serving on this committee: _____

I hereby certify that all statements made in this questionnaire are to the best of my knowledge true and correct.

(Nominee’s Signature) (Date)

(Supervisor’s Signature) (Date)