



# BooSt Together for Children

## Boone and Story Counties Early Childhood Iowa Area

### Application for B00St Together For Children ECI Area BOARD MEMBERSHIP

Eligible board applicants must resident in Boone or Story County (Iowa), and cannot be employed by an organization/agency of services, or an independent contractor, that receives funds directly or indirectly from the BooSt Together for Children *Early Childhood Iowa Area* at any time during their term on the board.

Name \_\_\_\_\_

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

\_\_\_\_\_

Telephone Numbers \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Email Address \_\_\_\_\_

Can we contact you at work?                      Yes                      No

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Please state your reasons for wishing to serve on the BooSt Together for Children *Early Childhood Iowa Area* Board. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Memberships and Affiliations (within the past five years)

\_\_\_\_\_

\_\_\_\_\_

List Possible Conflicts of Interest \_\_\_\_\_

\_\_\_\_\_

It is the intent for the BooSt Together for Children *Early Childhood Iowa Area* Board to have geographically diverse representation from both Boone and Story Counties, as well as to meet Iowa Code requirements for public boards regarding gender balance. The following information will be used for the purpose of ensuring board membership that is representative of the community demographics.

Gender              Male              Female

Current Location of Residence (County) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Are you the parent or grandparent of a child 0 to 5 years of age?    Yes    No

Please identify which of the following you could represent on the BooSt Together for Children Early Childhood Iowa Area Board:

- |   |  |
|---|--|
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Housing concerns                  |
| <input type="checkbox"/> Health                     | <input type="checkbox"/> Poverty/homelessness concerns     |
| <input type="checkbox"/> Human services             | <input type="checkbox"/> Civic group (please specify_____) |
| <input type="checkbox"/> Business community         | <input type="checkbox"/> College/higher education          |
| <input type="checkbox"/> Faith community            | <input type="checkbox"/> Early Literacy/libraries          |
| <input type="checkbox"/> Mental Health community    | <input type="checkbox"/> Interested community member       |
| <input type="checkbox"/> Elected official           |  |
| <input type="checkbox"/> Domestic violence concerns |  |

By signing this application, I affirm that I reside in Boone County or Story County, and I agree that while serving on the Board, I would not be employed by a provider of services, or be an independent contractor, benefiting directly or indirectly from funding allocated through the BooSt Together for Children Early Childhood Iowa Area Board without prior knowledge/approval of the Board.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed application form to:**

BooSt Together for Children Early Childhood Iowa Area  
900 W 3<sup>rd</sup> St  
Boone, Iowa 50136

*If you have questions, please call 515-230-7409 or email [aclaman@boonecounty.iowa.gov](mailto:aclaman@boonecounty.iowa.gov)*

**THANK YOU!**