



## BooSt Together for Children Application for Board Membership

Eligible board applicants must reside 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) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Can we contact you at work?                      Yes                      No

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

Occupation \_\_\_\_\_

Why do you want to serve on the BooSt Together for Children *Early Childhood Iowa Area* Board?

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Other Memberships and Affiliations (within the past five years)

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List Possible Conflicts of Interest

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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 (Zip Code) \_\_\_\_\_

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

(OVER)

**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"/> Domestic violence concerns    |
| <input type="checkbox"/> Health                  | <input type="checkbox"/> Housing concerns              |
| <input type="checkbox"/> Human Services          | <input type="checkbox"/> Poverty/homelessness concerns |
| <input type="checkbox"/> Business community      | <input type="checkbox"/> Civic group (_____)           |
| <input type="checkbox"/> Faith community         | <input type="checkbox"/> College/higher education      |
| <input type="checkbox"/> Mental Health community | <input type="checkbox"/> Early literacy/libraries      |
| <input type="checkbox"/> Elected Official        | <input type="checkbox"/> Interested community member   |

**How did you hear about the BooSt Together For Children Early Childhood Iowa Area Board?**

- ☐ Board Member
- ☐ Print or News Media
- ☐ Social Media
- ☐ Community Partner
- ☐ Presentation
- ☐ BooSt Website
- ☐ Other: \_\_\_\_\_

**By signing this application, I affirm that I reside in Boone County or Story County. 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:**

**Email:**

[eciboost264@gmail.com](mailto:eciboost264@gmail.com)

**Mail To:**

BooSt Together for Children Early Childhood Iowa Area  
Attn: Carrie Kube, BooSt Director  
PO Box 365  
Iowa Falls, Iowa 50126

**THANK YOU FOR YOUR INTEREST IN SERVING BOONE AND STORY COUNTY'S YOUNGEST CITIZENS!**