



HEAD START of Washington County, Inc.

Application for Board Service

PERSONAL INFORMATION

Name:	<input type="text"/>	Mobile Phone:	<input type="text"/>
Home Address:	<input type="text"/>	(if applicable)	
City, State & Zip:	<input type="text"/>	Business Phone:	<input type="text"/>
Home Phone:	<input type="text"/>	Email Address:	<input type="text"/>

Please list experience and/or education that applies to your interest in serving on Head Start of Washington County, Inc. Board.

School/Experience:

Fields of Study:

<input type="text"/>	<input type="text"/>
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EMPLOYMENT INFORMATION

Please list the positions you have held in the last five years, beginning with the most recent or attach a resume.

Dates: From:	<input type="text"/>	To:	<input type="text"/>	Job Title:	<input type="text"/>
				Employer:	<input type="text"/>
				City/State:	<input type="text"/>
Dates: From:	<input type="text"/>	To:	<input type="text"/>	Job Title:	<input type="text"/>
				Employer:	<input type="text"/>
				City/State:	<input type="text"/>
Dates: From:	<input type="text"/>	To:	<input type="text"/>	Job Title:	<input type="text"/>
				Employer:	<input type="text"/>
				City/State:	<input type="text"/>

COMMUNITY ACTIVITIES

Please list any organizations to which you have belonged including any special projects or positions you have held and approximate dates.

<input type="text"/>

COMMUNITY ACTIVITIES (CONTINUED)

Do you presently serve on a board of directors or commission? If so, please list those with which you are involved?

Do you have an interest to work with staff in their efforts to raise money for the organization? If so, please give a few examples of appropriate fundraising vehicles.

Briefly explain your knowledge of the Head Start program.

Despite many challenges, Head Start has helped our children and their families get a better start by offering quality programming, remaining flexible, advocating for families, and building vital community partnerships. What are your views on working with the low-income, disadvantaged population?

Times available for meetings: Please check all that apply. ☐Morning ☐Noon ☐Afternoon ☐Evening

If not selected for the Board, would you be interested in serving on the Parent Policy Council and/or a committee? Please check all that apply. ☐Parent Policy Council ☐Committee

I understand that if selected to serve on the board, parent policy council, or committee, a criminal background check must be completed.

My signature below indicates my interest in serving on the Head Start of Washington County, Inc. Board and authorizes the release of the above information for the selection and interview process.

Signature:

Date:

Thank you for your willingness to make a difference in Washington County by offering your time and service. Please email this completed application to: lblontz@headstartwashco.org or mail to:

**Head Start of Washington County, Inc.
Attn: Linda Blontz
325 W. Memorial Blvd.
Hagerstown, MD 21740**