



Provider Representative Board Nomination Form

CANDIDATE FOR THE FOLLOWING SEAT

Faith-Based Child Care Provider Representative

SECTION 1 – PERSONAL INFORMATION

Please provide general nominee information. This info will be used to contact and communicate with the nominee regarding the nomination and voting process. Please make sure that information entered here is accurate.

First Name: Daisy Last Name: Cintron

Title/Job: Director

Facility Name: St. Timothy Catholic Early Childhood Learning Centr

Facility Address: 17512 Lakeshore Road

City: Lutz Zip Code: 33558

Email Address: daisy.cintron@sainttims.org

Facility Phone: (813) 960-4857 Other Phone: _____

Which ELCHC programs do you participate in? VPK School Readiness Quality Counts

SECTION 2 – COMMUNITY SERVICE & SERVICE ON OTHER BOARDS

Please provide information about community service, most current and/or past participation on other boards and the dates of your service. List any offices held on those Boards.

Organization Name	Position/Seat	Dates of Service	
		Start	End
Diocese of St. Pete - Office of Catholic Schools/Ctrs.	Meeting Coordinator	2017-present	
Advisory Council-Diocese of St. Pete OCSC	member	2005/2006	

SECTION 3 – PROFESSIONAL SKILLS

Please provide information about any professional skills that may be of *'added value'* to the Coalition Board of Directors. *(Limit 300 words)*

My professional skills include: leadership, organizational, customer service, communication, positive outlook, creativity, cooperative, effective coordination of school activities and staff, budgeting, strategic planning.

SECTION 4 - PERSONAL STATEMENT

In this personal statement, please introduce yourself to the ELCHC Board of Directors and your voting constituency. Explain your desire to serve on the Coalition and include any information that has not been provided elsewhere in this packet. *(Limit 700 words)*

I have been an Early Childhood Director for 34 years. I have worked mostly in private, non-profit centers. I have been at St. Timothy Catholic Early Childhood Learning Center for over 18 years and truly feel that being a director is my passion. I have a Masters in Education and an Advanced Level Directors Credential. I have taken additional courses in early childhood education and leadership. We are a Program Wide Positive Behavior Support center as well as a Quality Counts center. We provide VPK and preschool for twos and threes. We are accredited through the National Accreditation Commission since 2005 and before that through NAEYC. I believe my experience here at St. Timothy's as well as other centers I have worked for, has given me valuable knowledge and insight into providing a safe, nurturing learning experience for young children. I would love to be of assistance in any capacity to help the early childhood community/field.

ACKNOWLEDGMENT/SUBMISSION

By submission of this form, I verify that the information contained in this packet is true and accurate and will be reviewed as part of my candidacy for a seat on the ELCHC Board of Directors. I acknowledge my understanding that this information will become public record and used solely for the purposes of the election process as noted within this packet.



Provider Representative Board Nomination Form

CANDIDATE FOR THE FOLLOWING SEAT

Faith-Based Child Care Provider Representative

SECTION 1 – PERSONAL INFORMATION

Please provide general nominee information. This info will be used to contact and communicate with the nominee regarding the nomination and voting process. Please make sure that information entered here is accurate.

First Name: _____ Last Name: _____

Title/Job: _____

Facility Name: _____

Facility Address: _____

City: _____ Zip Code: _____

Email Address: _____

Facility Phone: _____ Other Phone: _____

Which ELCHC programs do you participate in? VPK School Readiness Quality Counts

SECTION 2 – COMMUNITY SERVICE & SERVICE ON OTHER BOARDS

Please provide information about community service, most current and/or past participation on other boards and the dates of your service. List any offices held on those Boards.

Organization Name	Position/Seat	Dates of Service	
		Start	End
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 3 – PROFESSIONAL SKILLS

Please provide information about any professional skills that may be of *'added value'* to the Coalition Board of Directors. *(Limit 300 words)*

SECTION 4 - PERSONAL STATEMENT

In this personal statement, please introduce yourself to the ELCHC Board of Directors and your voting constituency. Explain your desire to serve on the Coalition and include any information that has not been provided elsewhere in this packet. *(Limit 700 words)*

ACKNOWLEDGMENT/SUBMISSION

By submission of this form, I verify that the information contained in this packet is true and accurate and will be reviewed as part of my candidacy for a seat on the ELCHC Board of Directors. I acknowledge my understanding that this information will become public record and used solely for the purposes of the election process as noted within this packet.