

NOMINATION FORM

You may nominate yourself. Please use a separate form for each person you nominate.

I would like to nominate the following person for membership on the York County First Steps Partnership Board:

Name: _____

Address: _____

Phone: (work/home) _____

E-mail: _____

Affiliation/Employment: _____

To the best of my knowledge, the person I am nominating ____ lives/ ____ works (check one or both) in York County.

Board category the person would best represent: (you may check more than one, but please indicate in the qualifications section below which category the person would best represent and why):

_____ Pre K/Primary Educator

_____ Family Education, Training
and Support Provider

_____ Childcare/Early Childhood
Development Provider

_____ Healthcare Provider

_____ Transportation Provider

_____ Faith Community

_____ Business Community

_____ Parent of a preschool child

_____ Early Childhood Education

_____ Non-Profit Organization That

Serves Families and Children

Why are you nominating this person to the York County First Steps Partnership Board? What special qualifications do they have? (use reverse side of sheet if more space is needed)

Submitted by: _____

Phone number where we can contact you if we need more information: _____

Return to: York County First Steps Partnership no later than February 22, 2013.

Mailing Address: P. O. Box 969
Rock Hill, SC 29730

Fax #: (803) 981-5784

