



**WSA Board of Directors or Officer Application Form**  
 Washington State Association of Head Start/ECEAP (WSA)

Serving as a Board member or Officer of the Association is a commitment that is very rewarding. It is an opportunity to contribute your time, knowledge, energy and ideas to build our Association and move it forward. Before completing your application, please take time to review the By Laws, Election Procedures and Leadership Opportunities WSA Board Member Vacancies! Talking with other Board members is another way to learn more about the roles and responsibilities. Plan on attending the Prospective Board Member session at the next WSA meeting, to learn more.

Please use **black ink** (either pen or printer) to complete your application, so that clear copies can be made for the members of the Nominating Committee.

Specify the Board of Directors or Office for which you are applying \_\_\_\_\_

Name: \_\_\_\_\_ Circle One: Parent Staff Director

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX \_\_\_\_\_ Email: \_\_\_\_\_

- Check each of the funding sources that applies to you:  Head Start,  Early Head Start,  
 ECEAP,  American Indian/Native Alaskan Branch Head Start,  Migrant Head Start

Please answer questions on page two of this application. If needed, attach additional pages, please write or type only on one side of each page.

I have read the By Laws, Election Procedures and the Vacant Board of Director and Officer Positions. I am willing to fulfill the responsibilities as described.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read the By Laws, Election Procedures and the Vacant Board of Director and Officer Positions and I understand the length of the term of office is for two years. My signature below acknowledges our program's support and financial backing for the term of the Board of Director or Officer.

Position	Signature	Date
<b>Program Director</b>		
<b>Policy Council Chairperson</b>		
<b>Application Received By:</b>		

## WSA Board of Directors or Officer Questionnaire

Name: \_\_\_\_\_ Program/Agency \_\_\_\_\_

- How long and in what role(s) have you been associated with Head Start, Early Head Start or ECEAP?
- How long and in what role(s) have you been associated with the Washington State Association of Head Start, Early Head Start and ECEAP?
- Why are you interested in being a candidate for this position?
- What skills, knowledge and experience would you bring to the position?
- What should be the priorities and focus for WSA in the next two years? What services should WSA offer to the membership?
- What are greatest challenges and opportunities for you in being a Board member or Officer?
- What support would you need from other Board members to be effective in this position?
- What else should we know about you?