



The New Jersey Family Child Care Providers' Association  
 17 Fairway Trail  
 Sparta, NJ 07871  
 Phone: 908-713-8682

Email: [info@njfccpa.info](mailto:info@njfccpa.info)  
 Website: [www.njfccpa.org](http://www.njfccpa.org)

### BOARD APPLICATION

You must meet the following criteria in order to be considered for a position on the NJFCCPA Board or as a committee member.

- Be a current member in good standing of the NJFCCPA.
- Maintain a certificate of registration for family child care.
- Adhere to the goals as stated in the Policies and Procedures Manual.  
(Available upon request)
- Follow job description as stated in the Policies and Procedures Manual.  
(Available upon request)

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

Address: \_\_\_\_\_

Cty: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ # of years as a provider: \_\_\_\_\_

Position( s ) desired: \_\_\_\_\_

Additional information desired: \_\_\_\_\_

Briefly describe your expectations in applying for the above position.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please tell us a little about yourself and your business.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To protect the privacy of NJFCCPA members, I understand that I may use contact information provided to me by the NJFCCPA for NJFCCPA purposes only.

Applicant's Signature: \_\_\_\_\_ date: \_\_\_\_\_

I realize that a NJFCCPA representative may contact my UCCA to ensure I am state registered and in compliance with state regulations.

Applicant's Signature: \_\_\_\_\_ date \_\_\_\_\_

*Please mail or fax your application using the information at the top of this form or return to any executive board member to bring to the board for consideration. Thank you for your interest in the New Jersey Family Child Care Providers' Association!*

*The NJFCCPA... "Professionals at the heart of child care..."*

