



# Community Child Care Connection, Inc. Governing Board Application/Profile

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

## ***Home Information***

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

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

City: \_\_\_\_\_, IL Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

## ***Work Information***

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Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

General Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

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

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

City: \_\_\_\_\_, IL Zip: \_\_\_\_\_ County: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Work Email: \_\_\_\_\_

### ***Preferred Contact Method:***

Mailing Address:  Home  Work

Calling Number:  Home  Work  
 Mobile

Emailing Address:  Home  Work

### ***Education Level:***

- High School
- 2 Year Degree/Certificate
- 4 Year Degree
- Masters
- Doctrine

### **Degree/Field:**

\_\_\_\_\_

Source of Referral to Board: \_\_\_\_\_

Please check areas you would bring knowledge of, experience in or access to Community Child Care Connection, Inc.: *(Please check all that apply.)*

- |                                  |                                     |  |   |
|----------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Finance | <input type="checkbox"/> Technology | <input type="checkbox"/> Human Resources     | <input type="checkbox"/> Marketing/Public Relations |
| <input type="checkbox"/> Legal   | <input type="checkbox"/> Education  | <input type="checkbox"/> For-Profit Business | <input type="checkbox"/> Non-profit Organization    |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Government | <input type="checkbox"/> Fund-Raising        | <input type="checkbox"/> Board Governance           |

Please briefly explain:

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Please list other professional affiliations, or community organizations in which you are currently or have been active (church, service organizations, etc.):

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Please return Application and attached Conflict of Interest Statement to:

***Board President  
Community Child Care Connection, Inc.  
1004 North Milton Avenue  
Springfield, IL 62702***

*For more information or questions please feel free to contact current Board Members listed in enclosed list or contact the Executive Director at 217-525-2805 or 1.800.676.2805, ext 8132.*

**Community Child Care Connection, Inc.**  
**Board of Directors**  
**CONFIDENTIALITY STATEMENT**

I understand and agree that any and all information pertaining to Community Child Care Connection, Inc., its employees, its clients, and its constituents (early care and education programs, etc.) cannot be discussed with others outside the parameters of the Board of Directors By-Laws and outside agencies or individual staff members.

I understand that situations, problems, conversations with or about Community Child Care Connection, Inc., its clients and its constituents are all confidential. Board of Director meeting discussions should always be conducted in a professional manner and observing privacy out of the hearing range of others, and only discussed with persons on a need to know basis.

***My signature below acknowledges my understanding of the seriousness of any breach of confidentiality. I understand that breach of confidentiality will be subject to disciplinary action, up to and including discharge as a Board Member of Community Child Care Connection, Inc.***

*Board Member Printed Name:* \_\_\_\_\_

\_\_\_\_\_  
*Board Member Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Board President* \_\_\_\_\_  
*Date*

# CONFLICT OF INTEREST ACKNOWLEDGEMENT FORM

This statement has been prepared to facilitate carrying out the responsibilities of Community Child Care Connection, Inc. regarding disclosure of possible conflicts of interest of persons serving on the Governing Board. Board Members have an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. An actual or potential conflict of interest occurs when a board member is in a position to influence a decision that may result in a personal gain for that board member or for a relative as a result of CCCC's business dealings. For the purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage.

Transactions with outside firms must be conducted within a framework established and controlled by the executive level of CCCC. Business dealings with outside firms should not result in unusual personal gains from those firms. Unusual gain refers to bribes; product bonuses, special fringe benefits, unusual price breaks, and other windfalls designed to ultimately benefit the employer, the board member, or both. No "presumption of guilt" is created by the mere existence of a relationship with outside firms. However, if board members have any influence on transactions involving purchases, contracts, or leases, it is imperative that they disclose to the Executive Committee of CCCC as soon as possible the existence of any actual or potential or perceived conflict of interest so that safeguards can be established to protect all parties.

Answer the following questions:

**1. Significant Relationships with other Organizations:**

Do you or members of your immediate family have a "significant relationship" another organization, which you know is seeking funds from or will be in competition with CCCC which may reasonably present a possible conflict of interest, as described above? (A significant relationship with another organization is defined as serving as an officer, partner, board or committee member, employee or consultant for compensation; or a family relationship with a person having one of the above relationships with another organization.)

\_\_\_\_\_ No            \_\_\_\_\_ Yes, *please describe:*

**2. Receipts of Gifts, Gratuities, or Favors:**

A Board Member, or any of the members of his/her immediate family, may not accept any gift, payment, gratuity, service, discount, or benefit from any person or organization which might intend to influence his/her actions or judgment on behalf of CCCC. Such other persons or organizations may be performing or seeking to perform business with or in competition with CCCC. Have you or any of your immediate family accepted such gift, payment, gratuity, service, discount, or benefit?

\_\_\_\_\_ No            \_\_\_\_\_ Yes, *please describe:*

**3. Relationships with CCCC Employees:**

Do you or members of your immediate family have any type of relationship with any current employee at CCCC?

\_\_\_\_\_ No            \_\_\_\_\_ Yes, *please describe:*

***If at any time in your service on the governing board there is a change regarding the above please notify the Executive Committee/Board President of these changes.***

Board Member Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Board Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Date