

APPLICATION FOR APPOINTMENT
Child Care Resource and Referral (CCR&R)
MnTRECC Grants Program Committee

Your Name: _____ (Please circle one) Ms. Mr.	Date: _____
Street: _____ City: _____ State & Zip: _____	American Indian community you will be representing: _____
Phone: (____) _____ Email: (____) _____	County of Residence: _____

*Please indicate the constituent group you will represent as a member of the MnTRECC Grants Program Committee. **Check ONE only!***

Family Child Care Provider		Parent User of Child Care Services	
Child Care Center Provider		School Age Care Provider	
Health Services		Public Schools	
Social Services		Regional Employer	
Head Start		Family, Friends & Neighbors Care	
Other (<i>Specify Below</i>)			

Specify Other: _____

Please identify any affiliations, employment, or experiences that relate to your interest in and involvement as a member of this grants program committee. (i.e. employment and/or education related to the child care field, volunteer work related to child care or child development issues, number and ages of children, type(s) of child care used, etc.)

Briefly describe why you are interested in serving on the MnTRECC committee.
