



Membership Application Supplement

The mission of the San Joaquin Council for Quality Education and Care of Children (CQECC) is to develop a comprehensive plan that promotes the development of quality child care in San Joaquin County through community education, collaboration and advocacy.

It is the vision of CQECC to ensure:

- High quality child care is affordable and accessible to children of all ages whose parents want and need it
- Parents have the information and skills needed to make sound choices and decisions about their child's education and care while they work or attend school
- Community members work together to accomplish and maintain our vision for quality care and education for children

The CQECC is expected to act as a forum to address the child care needs of all families in the community as well as all child care programs. Local planning councils are required to work with a wide spectrum of local community members in addition to those connected with the welfare system in order to build a holistic, comprehensive child care system for all families.

Please complete the supplemental application below:

Name _____

Agency: _____ Business Phone: _____
(If applicable)

Business Address: _____

Home Phone: _____ Email: _____

Home Address: _____

Referred By: _____

Please choose the appropriate category:

- Consumer (Defined as a parent or person who receives, or who has received child care services within the past 36 months.)

- Community Member (Defined as a person who represents an agency or business that provides private funding for child care services, or who advocates for child care services through participation in civic or community-based organizations but is not a child care provider and does not represent an agency that contracts with the CDE to provide child care and development services.)

- Child Care Provider (Defined as a person who provides child care services or represents persons who provide child care services.)

- Public Agency Representative (Defined as a person who represents a city, county, city and county, or local education agency.)

- Discretionary Appointee (Appointed from any of the above categories or outside of these categories at the discretion of the appointing agencies.)

Please describe your reason for wishing to join the CQECC: _____

Please list your special interests and experience: _____

Committee Participation (Council members are required to participate in at least one committee or work group annually)

Please indicate your area(s) of interest:

- Executive Committee (Officers, Agenda Building, Budgeting)
- Consumer and Provider Advocacy (Needs Assessment, Advocacy Efforts with CBOs, Parents, Staff and Businesses, Promote Access to First Step and PFA Guide and Utilization of Research Based Materials)
- Governance (Recruitment, Branding)
- Quality and Accessibility (Determine Training Needs in Community, Offer Provider Trainings, Support Interagency Collaboration)
- Other: _____

MEMBERSHIP COMMITMENT (initial below):

_____ I understand that membership on the CQECC requires a **two year commitment**. I also understand that the council meets the first Wednesday of every month at the San Joaquin County Office of Education, 2707 Transworld Drive, Stockton, CA and I am available to make this commitment.

Will you be able to attend regularly? YES _____ NO _____

Signature

Date