



NOMINATION FORM

Bamberg County First Steps is seeking nominations for board membership. Please complete the form if you are interested or know someone who would be willing to serve and fulfill this task. Please use a separate sheet for each person you nominate.

I would like to nominate the following person for membership on the Bamberg County First Steps Partnership Board:

Name: _____

Address: _____

Phone: (work/home) _____

E-mail: _____

Affiliation/Employment: _____

To the best of my knowledge, the person I am nominating ____lives/ ____works (check one or both) in Bamberg County.

Board category the person would best represent: (You may check more than one, but please indicate in the qualifications section below which category the person would best represent and why):

- Pre-K/Primary Educator
- Business Community
- Parent of a Pre-School Child
- Healthcare Provider
- Non-Profit Organization That Serves Families and Children
- Family Education, Training and Support Provider
- Childcare and/or Early Childhood Development/Education Provider
- Faith Community
- Philanthropic Community
- Local Government

Why are you nominating this person to the Bamberg County First Steps Partnership Board? What special qualifications do they have? (Use reverse side of sheet if more space is needed).

Submitted By: _____

Phone number for more information if needed _____.

Return to: Bamberg County First Steps
Post Office Box 1129
Bamberg, SC 29003
Fax: 803-245-6523

Please contact us at 803-245-6749 if you have questions.