



SECTION 1 – Applicant Information (Please complete **all fields** to ensure eligibility)

Last Name _____ First Name _____ Middle Initial _____

Other Names _____

Home Address _____ Apt. _____

City _____ State _____ Zip _____ Home Phone _____

Other Contact: Fax _____ Cell _____ Email _____

Date of Birth ____/____/19____ Gender: F M Social Security # _____ - _____ - _____

The following information is being collected for statistical purposes only.

How do you identify your ethnicity?

- | | | |
|--|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian | <input type="checkbox"/> Black, African American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> More than one | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Decline |

Languages (including sign language), you speak fluently _____

Languages (including sign language), you use at work _____

SECTION 2 – Education Information (Please complete **all fields** to ensure eligibility)

What is the highest level of education that you have completed: (please check one)

- Less than high school diploma/GED High school diploma/GED Some College Courses

If you have completed a degree, what is the major field of study _____

- 2-Year College Degree 4-Year College Degree Some Graduate School Master's/Doctorate

Total number of units completed in **Early Childhood Education** _____

Education goal(s) in progress: Child Development Permit (please state level) _____

- High school diploma/GED 2-Year College Degree 4-Year College Degree Master's/Doctorate

Are you currently enrolled at a college/university? no yes

If currently enrolled, which college/university? (check all that apply)

- Contra Costa College Diablo Valley College Los Medanos College Cal State University, East Bay Other _____ Decline to state

Currently enrolled in courses for Child Development Permit (what level _____) General Education towards degree

SECTION 3 – Child Development Permit *(Please complete all fields to ensure eligibility)*

Do you currently have a Child Development Permit? No Yes Current expiration date: ___/___/___
 Associate Teacher Teacher Master Teacher Site Supervisor Program Director
 Have you recently applied for a new permit or permit upgrade? No Yes (date applied: _____)
 Permit Level Assistant Associate Teacher Teacher
 Master Teacher Site Supervisor Program Director

Other credentials/permits you hold (use additional sheet, if necessary) **Expiration Date**

SECTION 4 – Current Employment *(Please complete all fields to ensure eligibility)*

Beginning date of employment: _____ How many hours do you work per week: _____
 Your **Gross Annual Salary** \$ _____ **OR** Your **Hourly Wage** \$ _____
 Child Care Employer _____ Job Title _____
 Work Address _____ City _____ Zip _____
 Supervisor's Last Name _____ First Name _____ Phone _____
 Elementary School closest to program: _____
 Hours of operation (check all that apply): Early (before 7:00 am) Late (after 6:00 pm) _____
 Year round Morning only Afternoon only

Which best describes this program (Please check ALL that apply):
 State funded preschool CDE General Child Care Center School District
 Private/Non Subsidized Center Head Start/Early Head Start
 Program legally exempt from Licensing

How many teaching staff do you directly supervise: **(Please provide NUMBER)**
 # _____ Associate Teachers # _____ Teacher/Lead Teachers # _____ Assistant supervising staff

How many children are served through your program: **(Please provide NUMBER)**
 # _____ Birth to 23 months # _____ 2 years to 2 years and 11 months
 # _____ 3 years to kindergarten entry (4.9 years) # _____ School age (K-6)
 # _____ Birth to 5 years with identified disabilities

SECTION 4 – S.M.A.R.T. GOALS (Please complete **all fields** to ensure eligibility)

The Professional Learning Community requires that you determine at least two goals for participation and successful completion of all activities. Please reflect and consider those goals that are intentionally chosen and that illustrate your own personal expectations for your professional growth. You may enter the S.M.A.R.T. Goals developed during the Information Session or that you have identified more recently.

<input checked="" type="checkbox"/> Goal #1:	Anticipated time frame to reach goal: From: To:
Action Steps (What you will do to accomplish your goals): 	
<input checked="" type="checkbox"/> Goal #2:	Anticipated time frame to reach goal: From: To:
Action Steps (What you will do to accomplish your goals): 	

SECTION 7 - Verification of Current Employment (to be completed by Applicant's Supervisor, Board President, or other authority able to verify information.

(Please print clearly and sign)

I certify that the applicant (**please print name**) _____
is currently employed as (**please print position/title**) _____
at (**please print name of program**) _____
and has worked at least 15 hours per week for nine (9) months within the past year prior to the date of my signature. This employee has been employed since _____ (please enter start date)
I understand that the incentive she/he receives is in addition to her/his annual salary, and I certify that current salary and salary advancement will not be negatively affected by the incentive.

PRINT name of supervisor or other authority, and Title/ Position

Signature

Date

SECTION 6 - Applicant's Signature *Application must include an ORIGINAL signature*

I have read and I am aware of the above criteria for the Site Supervisor and Director Professional Learning Community . I accept the responsibility for the preparation needed to participate in the PLC activities, which will include retaining the confidentiality of discussions and practicing safe Internet use when sharing documents and information over the WorldWideWeb.

I am aware that I must attend all activities and complete all assignments to be eligible for the stipend in June 2016. As a participant, I will:

- retain the confidentiality of discussions during all activities related to the Professional Learning Community
- create or maintain a valid email account
- log into the PLC website regularly and check it to ensure that messages and discussions are responded to on a regular basis
- organize my own participation time
- participate on-line, in-class, during Networking and Sharing Sessions, and contribute positively to the learning process
- communicate with my colleagues and AB212 PDP staff as needed
- complete a pre- and post-test survey tool provided by AB212
- complete an online survey of participation at the end of the PLC Activities

I certify that all information provided is true and correct. Intentional incorrect information could lead to penalties including, but not limited to, exclusion from the Professional Development Program. I authorize the Professional Development Program to share my application information with the Professional Development Program partners, including Contra Costa County Office of Education, First 5 Contra Costa, the Contra Costa Child Care Council, Contra Costa College, Diablo Valley College, and Los Medanos College for the purpose of keeping me informed of incentives and other professional development opportunities.

SIGNATURE OF APPLICANT (REQUIRED)

DATE