



NOMINATION FORM

You may nominate yourself. Please use a separate form for each person you nominate.

I would like to nominate the following person for membership on the Darlington 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 Darlington 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 | _____ Faith Community |
| _____ Family Education, Training and Support Provider | _____ Business Community |
| _____ Childcare/Early Childhood Development/Education Provider | _____ Parents of preschool children |
| _____ Healthcare Provider | _____ Philanthropic Community |
| _____ Local Government | _____ Non-Profit Organization That Serves Families and Children |

Why are you nominating this person to the Darlington 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 where we can contact you if we need more information: _____

Return to: Darlington County First Steps Partnership
Mailing Address: 437 W. Carolina Avenue, Bldg. 1
Hartsville, SC 29550

Fax #: 843-339-5928