



Board Nomination Materials

Head Start Community,

Recruitment and selection of new Board members is done by the PHSA Governance & Membership Committee. The PHSA Board solicits candidates from current membership to fill vacancies in the **Parent, Friend, Staff** and **Administrator** groups of the Board of Directors.

PHSA is proud of its membership, our strengths and diversity. The Governance & Membership Committee encourages every program's strongest and rising leaders to consider being nominated in the appropriate group.

The PHSA Bylaws define the groups as follows (Article V, Section 2):

- **Parents** – the parent membership group shall consist of parents or guardians of children currently enrolled in a Pennsylvania Head Start/Early Head Start program. Candidates for election to the Board must submit to the PHSA Board a Board Candidate Program Endorsement Form, in advance, which has been completed and signed by the Administrator of their program.
- **Staff** – the Staff membership group shall consist of all Head Start/Early Head Start staff other than Administrators, coming from a grantee, delegate or single purpose agency.
- **Administrators** - the Administrators membership group shall consist of any individual within the State of Pennsylvania who holds an Administrator position having operating responsibility for a Head Start/Early Head Start grantee, delegate, or Single Purpose agency.
- **Friends** – the Friends membership group shall consist of members of the community who have an interest in the Head Start/Early Head Start mission and purpose. This group shall include Head Start alumni. For the purpose of electing representatives from the Friends group to the PHSA Board, Friends shall have voting privileges.

Candidates:

Candidates must complete the appropriate forms to be eligible for nomination in this election. These forms are:

- The Program Endorsement (*required for parents and staff nominees only*)
- The Candidate Profile (*all nominees*)

Newly selected PHSA Board members will be announced and seated as they are approved by the Board. Necessary forms, and more information about submitting a completed nomination are below.

Please feel free to contact me with any additional questions.

Respectfully,

Kara McFalls
PHSA Acting Executive Director

Pennsylvania Head Start Association
PHSA BOARD MEMBER RESPONSIBILITIES

1. Maintain an email address and read PHSA emails at least once a week.
2. Remain informed on issues affecting Head Start and the Early Education community.
3. Attend PHSA Board meetings four times a year.
4. Attend PHSA events.
5. Remain in good standing with their local Head Start program.
6. Actively serve on a minimum of one PHSA Board Committee.
7. Act ethically and appropriately at all PHSA functions.
8. Represent the best interests of PHSA in all manners.
9. Come to meetings prepared having read materials sent to members in advance.
10. Be informed about PHSA's mission, services, policies, programs, and the strategic plan.
11. Promote the Association to others.
12. Ensure the conflict of interest and confidentiality policies.



PHSA BOARD CANDIDATE PROFILE

(To be completed for all candidates)

Name _____

Group to be represented ___Administrators ___Parents ___Staff ___Friends

Delegate or Grantee _____

Mailing Address: _____

Email Address _____ Phone Number _____

Candidate Information: On a separate sheet, please explain why you want to become a PHSA Board member, including the strengths you would bring to the Board (250 word maximum).

Candidate Representations:

- I have a signed support endorsement form from my program director (required for staff and parents only).
- I am a member of my program's Policy Council (required for parents only).
- I am committed to fulfilling the PHSA Board Director responsibilities.
- I have my own email account and will have the ability to access, read and respond to PHSA Board communications regularly.
- I understand that my program will need to pay its annual PHSA dues (*Administrators, Staff and Parents*).
- I have paid my PHSA dues (*Friend*).

Signature of Candidate:

Date:

Email to: paboard@paheadstart.org



PHSA Board Candidate Program Endorsement Form

(To be completed by candidates in the Staff and Parent Group)

DELEGATE OR GRANTEE: _____

Candidate's Member Group: _____ Staff _____ Parent

Candidate's Name: _____

Candidate's Title: _____

Candidate's Mailing Address: _____

Candidate's Email Address: _____

My program is a current dues paying member of the Association, and I endorse the above-named representative to serve on the Board of Directors. If elected, I will support the representative's attendance at Board of Directors meetings and events, as well as their completion of duties and tasks associated with Board service. This support includes travel, food, registration and lodging expenses. I am aware that the Board of Directors meets four times a year as follows:

When	What	Location	Length of Activity
Quarterly	Board Meetings	Varies	Typically 1 day
As scheduled	PHSA Events	Varies	1-3 days

Signature of Program Director

Date

Email to: paboard@paheadstart.org