



## Apprenticeship for Child Development Specialist

# Executive Council Commitment

Please Type or Print in Blue or Black Ink

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Term: 2020-21 \_\_\_\_\_

My signature below confirms my commitment as a member of the Apprenticeship for Child Development Specialist (ACDS) State Executive Council for the term specified above. I understand that my attendance at all meetings is critical. I will notify the Statewide Coordinator if I am unable to attend a meeting and will make every effort to remain current on Council activities. I will maintain confidentiality with discussions and information in accordance with the NAEYC Ethical Code of Conduct.

\_\_\_\_\_  
Executive Council Member Signature

\_\_\_\_\_  
Date

As an ACDS Executive Council member, my signature below indicates that I grant the Apprenticeship for Child Development Specialist (ACDS) program permission to publish photographs in support of the program. Photographs may appear in promotional materials, such as but not limited to the ACDS website, Facebook page and quarterly newsletter. I further grant permission for my name, email and contact number to be published on the ACDS website for purposes of registration and program promotion.

\_\_\_\_\_  
Executive Council Member Signature

\_\_\_\_\_  
Date

This program is being presented with financial assistance as a grant from the West Virginia Department of Health and Human Resources and is administered by West Virginia Early Learning Childhood Training Connections and Resources, a program of River Valley Child Development Services.