



COUNCIL OFFICE	
DEADLINE	
APPLICANT NAME	

Citywide Education Council Public Advocate Appointee Application July 1, 2013 - June 30, 2015 Term

Applicant Information

Indicate the Citywide Education Council to which you seek appointment:

- Citywide Education Council (indicate Citywide, e.g. CCELL, D75, CCHS, CCSE) _____

Complete Contact Information:

APPLICANT NAME		
STREET ADDRESS		APT NO.
CITY/BOROUGH	STATE	ZIP
HOME/MOBILE TELEPHONE	WORK TELEPHONE	
E-MAIL	FAX	

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Eligibility Verification

Answer the questions below. If you are conditionally selected, additional questions may be asked to confirm your eligibility. A summary of the eligibility requirements is provided in the Application Notes.

1. Are you currently employed by the Department of Education? If yes, please indicate your title and location of your job below.	YES	NO
2. Do you hold any elective public office or any elective or appointed party position other than delegate or alternate delegate to a national, state, judicial or other party convention, or member of a county committee? If yes, please describe below.	YES	NO
3a. Have you ever been convicted of a crime? If yes, please describe below.	YES	NO
3b. Have you ever been convicted of a felony? If yes, please describe below.	YES	NO
4. Have you ever been removed from a PA/PTA, School Leadership Team, District Presidents' Council, Borough High School Council, Title I Committee, a community school board, a Community District Education Council, the Citywide Council on High Schools, the Citywide Council on English Language Learners, the Citywide Council on District 75, or the Citywide Council for Special Education? If yes, please describe below.	YES	NO



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Applicant Profile

Please note that the information provided below, separate from the rest of the application, may be made available to the public.

Applicant Background

Describe any school related, community or civic activities in which you have participated. Include any specific experience you have with a particular student population (e.g., Special Education, English Language Learner, etc.).

Personal Statement

Explain why you want to serve on a Citywide Education Council and why you feel you would be effective.

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Applicant's Employer

List the name of every employer (including self owned businesses),

- From which you received more than \$1,000 for services performed or for goods sold or produced in the 12 months preceding the date you are completing this form, and/or
- Of which you were a paid member, officer, director, or trustee

Clearly indicate "N/A" if the section is not applicable

EMPLOYER NAME Dates of Employment	Title. Brief job description. Do you have any interaction with DOE? If yes, describe.	Does employer do business with the DOE? <i>Answer: YES, NO, or UNKNOWN</i>	If applicable, provide a description of employer's business dealings with the DOE.
<i>e.g.: Staples</i>	<i>Store Manager</i>	<i>Yes</i>	<i>Sells supplies to DOE</i>

Applicant's Volunteer Positions

List every organization in which you hold any volunteer (uncompensated) office or position, such as an officer, director or trustee. Do NOT list organizations in which you are only a member.

Clearly indicate "N/A" if the section is not applicable.

NAME OF ORGANIZATION Dates of Volunteer Service	NATURE OF ORGANIZATION	Title. Brief description of your voluntary activity. Do you have any interaction with the DOE? If yes, describe.	Does organization do business with the DOE? <i>Answer: YES, NO, or UNKNOWN</i>
<i>e.g.: YMCA</i>	<i>Youth Organization</i>	<i>President</i>	

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Application Notes

Do NOT leave any section blank. If any portion of this application does not apply to you, please indicate “N/A” (not applicable) in that space.

Summary of eligibility requirements:

Chancellor Regulations D-150, D-160 and D-170 documents the eligibility requirements for Citywide Education Council members. The complete regulations can be found online at:

<http://schools.nyc.gov/RulesPolicies/ChancellorsRegulations/default.htm>

Who is eligible:

- Citywide Council on Special Education and the Citywide District 75 Council-The NYC Public Advocate shall appoint two voting members. The two members must be individuals with extensive experience and knowledge in the areas of educating, training or employing individuals with handicapping conditions and will make significant contribution to improving special education in the NYC schools.
- Citywide Council on High Schools-The NYC Public Advocate shall appoint one voting member. The member must be a resident of the city and have extensive business, trade or education experience and knowledge who will make a significant contribution to improving education in the NYC schools.
- Citywide Council on English Language Learners-The NYC Public Advocate shall appoint two voting members. The two members must be individuals with extensive experience and knowledge in the education of English Language Learners and will make significant contribution to improving bilingual and ESL programs in the NYC schools.

Consistent with Chancellor’s Regulations, a parent is defined as a parent, guardian, or person in parental relation to a child. A person in parental relation to a child is a person who is directly responsible for the care and custody of a child on a regular basis in lieu of a parent or legal guardian.

Who is not eligible:

- Persons holding elective public office or elective or appointed party positions (except delegate or alternate delegate to a national, state, judicial or other party convention, or member of a county committee);
- Current DOE employees;
- Persons who have been convicted of a felony;
- Persons removed from a Community School Board, Community Education Council, the Citywide Council on Special Education, or the Citywide Council on English Language Learners, or the Citywide Council on High Schools or the District 75 Council for an act of malfeasance directly related to service on such board or council, or convicted of a crime directly related to service on such board or council;
- Persons who are serving on another Community Education Council, the Citywide Council on High Schools, the Citywide Council on English Language Learners, the Citywide Council on Special Education or the District 75 Council;
- Persons who are determined to have a conflict of interest by the DOE Ethics Officer or other designee of the Chancellor.
- Persons who have been removed from a PA/PTA, School Leadership Team, District Presidents’ Council, Borough High School Council or Title I Committee for an act of malfeasance directly related to service on such association, team, council or committee; or convicted of a crime directly related to service on such association, team, council, or committee.



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A note on financial disclosures:

The provided information will be reviewed by the Department of Education. It is necessary to obtain the requested information in order to determine whether you (the applicant) have a conflict of interest under the NYC Conflicts of Interest Law. If conditionally selected, you may be asked to provide additional information.

Optional Information

<p>How did you learn about the Education Council selection process?</p> <p><input type="checkbox"/> Child's school</p> <p><input type="checkbox"/> Parent Coordinator</p> <p><input type="checkbox"/> NYC DOE Website</p> <p><input type="checkbox"/> Community Based Organization (please describe) _____</p> <p><input type="checkbox"/> Other (please describe) _____</p>

Certification

I, _____
(PRINT NAME)
certify that all information provided is true and accurate to the best of my knowledge.

From Section 175.30 of Penal Law: "A person is guilty of offering a false instrument for filing in the second degree when, knowing that a written instrument contains a false statement or information, he offers or presents it to a public office or public servant with the knowledge that it will be filed with, registered, or recorded in or otherwise become a part of the records of such public office or public servant."

I understand that providing false information in connection with my application may subject me to criminal penalties and/or disqualification or removal from an Education Council.

By signing this page, I am verifying that I have read and understand the eligibility requirements related to serving on a Citywide education council.

I can be reached at the following telephone number should there be any questions related to my application:

(TELEPHONE NUMBER)

APPLICANT SIGNATURE

DATE



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Send completed application using **one** of the following methods:

Mail to	*Fax

***PLEASE NOTE: IF YOU ARE SUBMITTING THIS APPLICATION VIA FAX, YOU MUST PRINT OUT A HARD-COPY OF THIS PAGE, SIGN IT AND MAIL IT SEPARATELY TO THE ADDRESS SHOWN ABOVE.**