

## 2021–2023 Public Advocate Appointee Application

### NYC EDUCATION COUNCILS

July 1, 2021–June 30, 2023 Term

#### APPLICATION INSTRUCTIONS

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.

Download, save, and attach the completed application in an email to the Office of Family and Community Empowerment (FACE) at [CouncilApplications@schools.nyc.gov](mailto:CouncilApplications@schools.nyc.gov). Do not send it to the Citywide Education Council.

FACE will review all submissions for eligibility and conflicts of interest, and forward eligible applicants to the Public Advocate for final determination. FACE will notify you when your application has been forwarded; thereafter, please direct all inquiries to:

New York City Public Advocate  
1 Centre Street, 15th Floor North  
New York, New York 10007  
(212) 669-7200

#### SUMMARY OF ELIGIBILITY REQUIREMENTS:

Chancellor’s Regulations D-150, D-160, and D-170 set forth the eligibility requirements for members of the Citywide Council on Special Education (CCSE) and Citywide Council for District 75 (CCD75), the Citywide Council on High Schools (CCHS), and the Citywide Council on English Language Learners. The complete regulations can be found online at: <https://www.schools.nyc.gov/about-us/policies/chancellors-regulations> Eligibility is determined at the time of application.

- **CCHS** has 13 voting members: 10 (2 from each borough) elected parents of current high school students; 1 Public Advocate appointee; one CSSE and one CCELL appointee.
- **CCSE** has 11 voting members: 9 parents of students currently receiving special education services paid for by DOE; and 2 Public Advocate appointees.
- **CCD75** has 11 voting members: 9 parents of students currently attending a District 75 program; and two Public Advocate appointees.
- **CCELL** has 11 voting members: 9 parents of students in a bilingual or ESL program (“ELL students”) currently or within the past two years.

#### WHO IS ELIGIBLE TO APPLY:

All Public Advocate Appointees must reside in New York City. In addition,

- **For CCSE:** appointees must be individuals with extensive experience and knowledge in

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the areas of educating, training, or employing individuals with disabilities, who will make significant contributions to improving special education in DOE schools. (see [Chancellor's Regulation D-150](#))

- **For CCD75:** appointees must be individuals with extensive experience and knowledge in the areas of educating, training, or employing individuals with disabilities, who will make significant contributions to improving special education in DOE schools. (see [Chancellor's Regulation D-150](#))
- **For CCHS:** appointees must be individuals with extensive business, trade or education experience and knowledge, and who will make a significant contribution to improving education in DOE schools. (see [Chancellor's Regulation D-160](#))
- **For CCELL:** appointees must be individuals with extensive experience and knowledge in the education of English Language Learners who will make significant contributions to improving bilingual and ENL programs in DOE schools. (see [Chancellor's Regulation D-170](#))

Public Advocate appointees serve two-year terms and have no term limit.

## WHO IS NOT ELIGIBLE TO SERVE:

NYS Education Law and Chancellor's Regulations prohibit certain individuals from serving on an Education Council. The complete list is found in Chancellor's Regulations D-150 for CCSE and CCD75, in Chancellor's Regulations D-160 for CCHS, and in Chancellor's Regulations D-170 for CCELL. If you fall in any of the listed categories, you will not necessarily be disqualified. You may be contacted by a representative of the NYCDOE for additional information, and you may still be allowed to serve.

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## APPLICANT INFORMATION

Indicate the Citywide Education Council to which you are applying. See “Who is eligible to apply” in the instructions.

- Citywide Council on High Schools (CCHS)
- Citywide Council on English Language Learners (CCELL)
- Citywide Council on Special Education (CCSE)
- Citywide Council for District 75 (CCD75)

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

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

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

City/Borough: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Preferred Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

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## ELIGIBILITY VERIFICATION

Answer the questions below. Additional questions may be asked to confirm your eligibility. Review the eligibility requirements provided in the application instructions. **Do not leave any section blank.**

**Are you currently employed by the Department of Education? Yes \_\_\_ No \_\_\_**

If yes, please indicate your title and the location of your job below:

**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?**

Yes \_\_\_ No \_\_\_

If yes, please describe below:

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**Have you ever been convicted of, or pleaded guilty/no contest to, a misdemeanor or felony offense in this state or elsewhere?**

Yes \_\_\_ No \_\_\_

Note: You are not required to disclose violations, infractions, or offenses that were dismissed, expunged, or sealed; or youthful offender offenses or cases adjudicated as a youthful offender.

If yes, please describe below:

**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 Special Education, or the Citywide Council for District 75?**

Yes \_\_\_ No \_\_\_

If yes, please describe below:

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**CANDIDATE STATEMENT**

Describe school-related, community, or civic activities in which you participated that you believe will make you a strong candidate:

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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 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.    N/A

EMPLOYER NAME (Dates of employment)	Job title or brief job description. Do you have any interaction with DOE? If yes, describe and indicate whether you work in the Community School District where you are applying.	Does employer do business with DOE, including Community School Districts? Answer: YES, NO, or UNKNOWN	If applicable, provide a description of employer’s business dealings with the DOE, including Community School Districts.
<i>Example: Staples</i>	<i>Example: Store Manager</i>	<i>Example: Yes</i>	<i>Example: Sells supplies to DOE, but not district X</i>

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**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. N/A

NAME OF ORGANIZATION	TYPE OF ORGANIZATION	Title or brief description of your volunteer activity. Do you have any interaction with DOE? If yes, describe and indicate whether you volunteer in the Community School District where you are applying.	Does the organization do business with DOE, including Community School Districts? answer: YES, NO, or UNKNOWN
<i>Example: Tree Top Inc.</i>	<i>Example: Cooperative Nursery</i>	<i>Example: President</i>	<i>Example: NO</i>



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**CERTIFICATION**

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

From Section 175.30 of the New York State 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 false information, he offers or presents it to a public office or public servant with the knowledge or belief 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 a Community Education Council.

By signing this page, I am verifying that I have read and understand the eligibility requirements for serving on a Community Education Council and my responsibilities as a member should I be appointed.

I UNDERSTAND THAT IF I AM APPOINTED, I AM REQUIRED TO

- Work without compensation (this is a volunteer position).
- Attend the council’s monthly meetings and other meetings or hearings that are relevant to the work of the Council; and participate in committees.
- Be driven by the needs of all students.
- Be sensitive to the needs of families with diverse cultures and languages.
- Collaborate with all members of my Council as well as DOE staff.
- Participate in training programs at least once a year.
- Commit to work diligently to improve our public school system.

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

Preferred Phone Number: \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Questions? Contact the Office of Family and Community Empowerment at [CouncilApplications@schools.nyc.gov](mailto:CouncilApplications@schools.nyc.gov) or (929) 467-5216.