

Equity Council Member Application Instructions

DO NOT leave any section blank.

Who is eligible to apply:

Current Community or Citywide Education Council (CCEC) and Chancellor Parent Advisory Council (CPAC) members who:

- have served on a CCEC or CPAC, for at least one year.

If you are a voting member of both CPAC and a CCEC, you should apply under the parent leadership group you wish to represent.

Who is not eligible to apply:

Persons who have been removed from any NYCPS parent leader governance body, included but not limited to a CCEC, Parent Association (PA) or Parent Teacher Association (PTA), or School Leadership Team (SLT).

Additional requirements:

Equity Council members must:

- sign an agreement to keep information shared with the Equity Council confidential; and
- be available to review cases in person and/or virtually.

Equity Council Member Application

SECTION I - APPLICANT INFORMATION

The information in this section determines your eligibility for the position. Your address, email and phone number will not be shared publicly.

First Name: _____ Last Name: _____

Home Address: _____

Email: _____ Phone: _____

I am a current member of:

NOTE: If you are a current voting member of both Chancellor Parent Advisory Council and a Community or Citywide Council, please choose only the council you wish to represent.

- Community Education Council (CEC) District: _____
- Citywide Council on High Schools (CCHS)
- Citywide Council on Special Education (CCSE)
- Citywide Council on English Language Learners (CCELL)
- Citywide Council for District 75 (CCD75)
- Chancellor Parent Advisory Council (CPAC)

I have served at least one year on the following:

- Community Education Council (CEC) District: _____. Term/Year(s)_____
- Citywide Council on High Schools (CCHS). Term/Year(s)_____
- Citywide Council on Special Education (CCSE). Term/Year(s)_____
- Citywide Council on English Language Learners (CCELL). Term/Year(s)_____
- Citywide Council for District 75 (CCD75). Term/Year(s)_____
- Chancellor Parent Advisory Council (CPAC). Term/Year(s)_____

- I certify that, to the best of my knowledge, I have not been removed from a parent leadership position, including but not limited to any CCEC, PA, PTA or SLT position.

SECTION II -PUBLIC PROFILE

Only your name, council affiliation, and applicant statement will be shared for voters to consider.

APPLICANT'S STATEMENT

Please make sure your statement addresses these questions:

- 1) What unique characteristics, experiences, knowledge, skills, and expertise will you bring to the Equity Council?
- 2) Describe your views on adhering to rules and regulations.
- 3) What experience, if any, do you have dealing with confidential matters and/or reviewing complaints?
- 4) What experience, if any, have you had with implicit bias training?

CERTIFICATION

I, (print name) _____, certify that all information provided in this Equity Council Member Application is true and accurate to the best of my knowledge.

By signing this page, I am verifying that I have read and understand the eligibility requirements for serving on the Equity Council and, if elected, will comply with confidentiality requirements and will work diligently to fulfill my responsibilities as a member of the Council.

E-SIGNATURE: _____ DATE: _____

PRINT APPLICANT NAME: _____

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

Phone: _____

Email: _____

SUBMIT COMPLETED APPLICATION

BY EMAIL TO: EquityCouncilApplications@schools.nyc.gov

Please include your name and “Equity Council Application” in the subject line

FOR QUESTIONS EMAIL: EquityCouncilApplications@schools.nyc.gov