



Application for Advisory Commission on Charter Schools

Date Received:

California State Board of Education
Phone 916-319-0827

Revised 06/2024

APPLICATIONS DUE: 5:00 P.M. Monday, September 30, 2024
(Please complete all items, attach a résumé, and two letters of recommendation.)

Advisory Body: **Advisory Commission on Charter Schools**

Which constituencies can you represent? (You may select more than one)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Parent | <input type="checkbox"/> District Boards | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Charter Schools | <input type="checkbox"/> Teacher | |
| <input type="checkbox"/> COE Superintendent | <input type="checkbox"/> District Superintendents | |

Application Date: _____

Applicant Information

Name of Applicant

First: _____ Middle: _____ Last: _____

Home Mailing Address: _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Current Employer (if applicable): _____

Current Position (if applicable): _____

Questionnaire

In completing this application, please present information concisely and in the form requested. Please note that all applications, including, résumés, and letters of recommendation, will be available for public review (except personal contact information).

Question 1: What relevant insights and qualifications would you bring as a commissioner on the Advisory Commission on Charter Schools?

Questions 2: Please explain your interest in serving on the Advisory Commission on Charter Schools.

Relevant Employment and/or Volunteer Experience

List the most recent first.

Position	Organization or Agency	Dates

Educational Background

List the most recent first.

Institution or Program	Degree(s)	Date(s)

Professional Licenses and/or Certificates

List awards, honors, or citations received and/or training or workshops relevant to the Commission.

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Professional Affiliations

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Letters of Recommendation

Please submit two letters of recommendation along with the application to sbe@sbe.ca.gov, or online at, <https://www.cde.ca.gov/be/cc/ab/accs-submitonline.asp>

One of the letters must come from your employer (if applicable); the other should come from someone (not related to you) who knows you well and is able to comment on your qualifications to be a Commissioner.

If you are employed by a local educational agency, the employer letter must come from the agency's chief administrative officer (typically the superintendent or director) and must recognize the additional workload you would experience if appointed.

All required application materials, including letters of recommendation, must be received by 5:00 p.m. on Monday, September 30, 2024, or they may not be considered.

References

Please list the names of three persons who may be contacted in regard to your work and/or other experience in relation to the appointment you seek. Individuals who have written letters of recommendation may be listed as references.

Name	Position or Title	Address	Telephone Number

Time Commitment

Would you be able to contribute the time to consistently prepare in advance for and attend the ACCS meetings (one full day six times a year for the months of Feb, Apr, June, Aug, Oct, and Dec) in Sacramento?

Yes No

Conflict of Interest

Please review the State Board of Education's Conflict of Interest Code which is codified in the *California Code of Regulations (CCR)*, Title 5, Section 18600. Members of advisory bodies identified in this code are subject to its provisions and are required to annually file a Statement of Economic Interest Form 700. A copy of the SBE's Conflict of Interest Code can be found on the SBE Website at <https://www.cde.ca.gov/be/cc/ab/sbeconflictofinterest.asp>

Do you understand that you will be subject to the State Board of Education's Conflict of Interest Code?

Yes No

Optional Information

The following information is optional but would be appreciated (*Government Code* Sections 11140-11141). Use the categories below to choose the one with which you most closely identify.

Please identify your gender:

Please state your ethnicity:

Applicant's Signature

Signature of Applicant: _____ Date: _____

Submission Instructions

Please submit a completed application via email to: sbe@sbe.ca.gov, or online at, <https://www.cde.ca.gov/be/cc/ab/accs-submitonline.asp>, by **5:00 p.m. on Monday, September 30, 2024**. A single PDF of the application that includes a resume and two letters of recommendation is preferred.

For questions, use the following contact information:

State Board of Education
1430 N Street, Room 5111
Sacramento, CA 95814
sbe@sbe.ca.gov