



Equity Council Member Application Instructions

DO NOT leave any section blank.

Who is eligible to apply:

Current Community or Citywide Education Council and Chancellor Parent Advisory Council members who:

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

If you are a member of both CPAC and a Community or Citywide Education Council, you must choose only the council you wish to represent.

Who is not eligible to apply:

Persons who have been removed from any NYCPS parent governance structure.
Persons who have a substantiated D-210 complaint.

Additional requirements:

Equity Council members must:

- adhere to confidentiality standards; 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. It 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 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, no complaint against me pursuant to Chancellor’s Regulation D-210 has been substantiated.



SECTION II -PUBLIC PROFILE

Only your name, council affiliation, and applicant statement will be posted on the New York City Public Schools website 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) How are you an agent for change? Describe your views on adhering to rules and regulations.
- 3) What experience do you have dealing with confidential matters and/or reviewing complaints?
- 4) What experience have you had with implicit bias training?



CERTIFICATION

I, (print name) _____, certify that all information provided 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 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