# **APPLICATION FOR**

# **BOARD APPOINTMENT**







# **PERSONAL INFORMATION**

Name of academy for which you are requesting appointment:				
If not applying for a specific academy, please note	your preferred geographic are	ea of service:		
☐ Bay City/Saginaw/Midland	$\square$ Grand Rapids	☐ Flint		
☐ Lansing	☐ (Metro) Detroit	□ Other:		
Title/Prefix: ☐ Mrs. ☐ Ms. ☐ Mr. ☐	Miss □ Dr. □ Other			
Name:				
First	Middle	Last		
Home Address:Street Number				
City	State	Zip		
Employer:	Title:			
Employer's Address:				
Street Number				
City	State	Zip		
Preferred Method of Contact: ☐ Home ☐ Wo	rk 🗆 Cellular			
Home Number:	Work Number:			
Fax Number:	Cellular Number:			
Email Address:				
Spouse/Partner's Name:				
First	Middle	Last		
Are you a United States citizen? ☐ Yes ☐ No	Are you a Michigan re	sident? ☐ Yes ☐ No		
If applying for a specific academy, do you have chil If yes, how many?	dren or grandchildren that atte	end that academy? □ Yes □ No		
Please check your highest education level:				
☐ High School/GED	$\square$ Associate's Degree	☐ Master's Degree		
☐ Trade/Business School	$\square$ BA or BS Degree	☐ MD, DO, JD, PhD, etc.		
Please check each area of expertise you would cor	ntribute to a board:			
$\square$ Community Service	$\square$ Education	☐ Finance		
☐ Fundraising	☐ Law	☐ Management		
☐ Marketing	☐ Personnel	☐ Public Relations		
$\square$ Parent Involvement Programs	$\square$ Others (please specif	y):		

#### **Optional Information**

# **CONDITIONS OF APPOINTMENT**

The following questions indicate the minimum conditions that must be met in order to be considered for appointment. Please

complete the following section by indicating yes or no.			
1.	Will you be able to attend regularly scheduled board meetings?	□ Yes	□No
2.	Do you agree to complete six (6) hours of board orientation and development during the first year of your appointment and three (3) hours each year thereafter?	□ Yes	□No
3.	Do you agree to complete an annual conflict of interest disclosure?	□ Yes	□No

## **RELATIONSHIP TO THE ACADEMY**

	ase complete the following section by indicating yes or no. If you answer "yes" to any of the following qu ovide an explanation on a separate sheet of paper. Please label explanations with the number of the cor		
1.	Do or will you or your spouse/partner have any contractual agreements with the academy?	☐ Yes	□No
2.	Do or will you, your spouse/partner, or any member of your immediate family have any ownership interest in any educational service provider or any other company contracting with the academy?	□ Yes	□No
3.	Did or will you or your spouse/partner lease or sell property to the academy?	☐ Yes	□No
4.	Did or will you or your spouse/partner sell any supplies, materials, equipment or other personal property to the academy?	□ Yes	□ No
5.	Have you or your spouse/partner guaranteed any loans for the academy or loaned it any money?	☐ Yes	□No
6.	Are or will you, your spouse/partner or any member of your immediate family be employed by the academy, its educational service provider or other contractors?	□ Yes	□ No
7.	Did you or your spouse/partner provide any start-up funds to the academy?	☐ Yes	□No
8.	Does any other individual, board, group or corporation believe it has a right to control or have input on votes you will cast as a member of the academy board?	□ Yes	□ No
9.	Do you currently serve as a member of the board of any public school district or public school academy other than the board for which you are applying?	□ Yes	□No
10.	Do you currently serve as a public official? (If you are being re-nominated to the same public school academy board and do not serve as a public official in any other capacity, please select "No" as your response.)	□Yes	□No
11.	To the best of your knowledge, are there situations not described above which may give the appearance of a conflict of interest between you and the academy, or which would make it difficult for you to discharge your duties or exercise judgment independently on behalf of the academy?	□ Yes	□No
12.	Did or do you or your spouse/partner, or any member of your immediate family, have ownership interest, directly or indirectly, in any corporation, partnership, association, or other legal entity which would cause you to answer 'yes' to questions 1-12?	□Yes	□No

#### **ETHICAL ISSUES**

Please complete the following section by indicating yes or no. If you answer "yes" to any of the following questions, please provide an explanation on a separate sheet of paper.

CITATIONS		
Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to a court, administrative agency, professional association, disciplinary committee or other professional group?	□Yes	□No
AGENCY PROCEEDINGS/CIVIL LITIGATION		
Are you presently or have you ever been involved in administrative agency proceedings or civil litigation?	□Yes	□No
Has any business involving you, your spouse/partner, close family members or close business associates been part of any administrative agency proceedings or civil litigation relevant to the board member position?	□Yes	□No

#### **CRIMINAL BACKGROUND DISCLOSURE**

Central Michigan University will perform a criminal records check from local, state and federal law enforcement agencies prior to your appointment. If the reports received from these agencies do not match your representations listed below, appointment to an academy board may be voided at the sole discretion of Central Michigan University.

Complete this section by placing your initials in the space beside option 1, 2 and/or 3. If you initial option 1 or 2, please provide on a separate sheet of paper what the charges were and which courts were involved.

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1.	 Initial	I have been convicted or pled either guilty or nolo contendere (no contest) to one or more crimes.	
2.	 Initial	I am currently charged with one or more crimes.	
3.	 Initial	I have not been convicted or pled either guilty or nolo contendere (no contest) to any crimes, nor am I currently charged with more than one crimes.	

#### **APPLICATION VERIFICATION**

I recognize that all information submitted with this application or gathered by Central Michigan University as a result of this application becomes a matter of public record, subject by law to disclosure upon request to members of the general public. I will hold Central Michigan University, its trustees, officers, employees and authorized agents harmless from liability for the disclosure of any information it reasonably believes is true based upon my representations or resulting from this application process.

I understand that if I am appointed, I will be required and agree to complete six (6) hours of board orientation and development during the first year of my term and three (3) hours each year thereafter.

I understand that if I am appointed, I will be required and agree to complete an annual conflict of interest disclosure.

I understand that Central Michigan University is under no obligation to appoint me or any nominee to a public school academy board. My signature below certifies that all information provided in this application is true and complete.			
Signature	Date		

### **CONSENT FOR PERSONAL BACKGROUND CHECK**

A criminal records check must be conducted as a condition for appointment as a public official serving on the board of a public school academy authorized by Central Michigan University. This consent does not authorize, nor will Central Michigan University conduct, a consumer credit check.

Information requested on this page will be used to conduct a criminal records check and will not be used to determine qualifications as a proposed public school academy board member. This page will be removed prior to review of the information contained in the application.

Please print or ty	/pe the following information:		
Print or type you	r full name:First	Middle	Last
Current Address	Street Number		
	City	State	
Former Address	,		
	Street Number		
	City	State	Zip
Date of Birth: Mo	onth Day Year		
Gender: 🗆 Male	e 🗆 Female		
•	nerican Indian or Alaska Native	☐ Asian American	☐ Black or African American
□ Na	tive Hawaiian/Pacific Islander	□ White	☐ Hispanic/Latino
By signing this do of my criminal re		is disclosure and authorize Ce	entral Michigan University to obtain a cop
to Central Michig	al Michigan University to conduct a c	ngler Center for Charter Scho	any restrictions that I have included, pols and its legal counsel. I specifically with the applicable local, state and federal
	information it reasonably believes is		ized agents harmless from liability for the ntations or resulting from this criminal
By my signature,	I assert and certify that the informa	tion provided is, to the best of	my knowledge, true and complete.
Signature			 Date



The Governor John Engler Center for Charter Schools Central Michigan University | Mt. Pleasant, MI 48859

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