

**Office of Public School Academies**

School of Education and Human Services

Pawley Hall, Room 420J

456 Pioneer Drive

Rochester, MI 48309-4494

Tel: (248) 370-4596

Fax: (248) 370-4239



**Board Member Application**

**Personal Information**

# Name of Academy for which you are requesting appointment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Renewing

Title/Prefix:  Mrs.  Ms.  Miss  Mr.  Dr.  Other New Member

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

First Middle Last

All other names you have used (maiden name, aliases, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

Preferred Method of Contact:  Home  Work Cellular

Home Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellular Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Spouse/Partner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How long? \_\_\_\_\_\_\_

Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

*Note: If less than five years with current employer, please list previous employer also.*

Previous Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

Are you a citizen of the United States? Yes\_\_\_\_ No\_\_\_\_ Are you a Michigan resident? Yes ­­­\_\_\_\_\_ No ­­­\_\_\_\_\_\_

Do you have children or grandchildren that attend the Academy you are applying for? Yes \_\_\_ No \_\_\_

If yes, how many? \_\_\_\_

Please check your highest education level:

High School/GED  Associates Degree  Graduate Degree

Trade/Business School  BA or BS Degree  MD, DO, JD, Ph.D., etc.

Please check each area of expertise you feel you could contribute to a board:

Community Service  Education  Finance

Fund-raising  Law  Management

Marketing  Personnel  Public Relations

Parent Involvement Programs  Other *(please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Information**

If you have prior experience working or volunteering in a field related to education or have received honors or awards, attach a resume or describe on a separate sheet of paper.

**Relationship**

**to the Academy**

The University is concerned about potential conflicts of interest in a board member’s relationship with the Academy. A conflict of interest occurs when your personal interests interfere, or appear to interfere, in any way, with the interests of the Academy and/or management company. A conflict of interest can arise either when you have interests that may make it difficult for you to fully perform your obligations or when you otherwise take action for your direct or indirect benefit, or the direct or indirect benefit of someone else that is inconsistent with the Academy’s interests. Conflicts of interest also arise when you, or a member of your family, receive improper personal benefits as a result of your position in the Academy. You have an obligation to disclose any fact, relationship or transaction that could reasonably be viewed as a potential or actual conflict of interest.

**Instructions:** 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. Please label explanations with the number of the corresponding question.

**1. Please note: in answering Yes or No to the following question you must consider past, present or future occurrences of the events detailed below involving you, your spouse/partner and immediate family members:**

1. enter into contractual agreements with the Academy or the management company contracted

by the Academy Yes \_\_\_ No \_\_\_

1. have ownership interest, directly or indirectly, in the management company or any other

company contracting with the Academy Yes \_\_\_ No \_\_\_

1. lease or sale of real property to the Academy or the management company

contracted by the Academy Yes \_\_\_ No \_\_\_

1. sale of any supplies, materials, equipment or other personal property

to the Academy or the management company contracted by the Academy Yes \_\_\_ No \_\_\_

1. guarantee any loans for the Academy or provisions for any money Yes \_\_\_ No \_\_\_
2. have employment with the Academy, its management company or other contractors Yes \_\_\_ No \_\_\_
3. have a personal or business relationship with a current Academy board member, staff

or faculty member Yes \_\_\_ No \_\_\_

1. provide any start-up funds to the Academy Yes \_\_\_ No \_\_\_
2. receive, directly or indirectly, any payments, gifts, or anything else of value from

the Academy, its management company contracted by the Academy, or from anyone

acting on behalf of either the Academy or the management company Yes \_\_\_ No \_\_\_

2. Does or will any other individual, board, group or corporations believe it has a right to control

or have input on votes you will cast as a member of the Academy board? Yes \_\_\_ No \_\_\_

3. 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 \_\_\_

4. Do you have any experience in, or association with, local, state or federal government

(exclusive of elective public office but including advisory, consultative, honorary or other

part time service or position)? If yes, please list dates of service. Yes \_\_\_ No \_\_\_

5. Have you served as a public official in the last 5 years? Yes \_\_\_ No \_\_\_

(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.)

1. To the best of your knowledge, are there situations not described above which may give

the appearance of a conflict of interest between you or a member of your immediate family,

or would make it difficult for you to discharge the duties of your office in an

independent manner? Yes \_\_\_ No \_\_\_

**Ethical Issues**

# **Instructions:** *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**

1. 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**

2. Are you presently or have you ever been involved in administrative agency proceedings

or civil litigation?

*Examples include: divorce, bankruptcy, friend of the court, personal injury* Yes \_\_\_ No \_\_\_

3. 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? Yes \_\_\_ No \_\_\_

**Criminal Background Disclosure**

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

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

1. \_\_\_\_\_ **I have not been** convicted, pled guilty or nolo contendre (no contest) to any crimes.

Initial

2. \_\_\_\_\_ **I have been** convicted, pled guilty, or nolo contendre (no contest) to one or more crimes

Initial in either state, federal or military courts.

3. ­­­\_\_\_\_\_ **I have** felony charges pending against me.

Initial

**Conditions of Appointment**

**Instructions:** *The following questions indicate the minimum conditions that must be met in order to be considered for appointments. 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 a minimum of six (6) hours of board orientation and

development during the first year of your appointment, and a minimum of

three (3) hours each year thereafter? Yes \_\_\_ No \_\_\_

1. Do you agree to complete an annual conflict of interest disclosure? Yes \_\_\_ No \_\_\_

**Application Verification**

I recognize that all information submitted with this application or gathered by Oakland 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 agree to release, hold harmless and indemnify Oakland University, its trustees, officers, employees, or authorized agents 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 a minimum of six (6) hours of board orientation and development during the first year of my term, and a minimum of three (3) hours each year thereafter and failure to do so may result in my removal from the Academy’s Board of Directors.

I understand that if I am appointed, I will be required and agree to complete an annual conflict of interest disclosure and failure to do so may result in my removal from the Academy’s Board of Directors.

I understand that Oakland University is under no obligation to appoint me or any nominee to a public school Academy board and that my appointment is subject to Oakland University’s Policy of Public School Academies, including Criteria for the Evaluation of Applicants.

My signature below certifies that all information provided in this application is to the best of my knowledge, true and complete. I agree that I will immediately notify the Academy of any changes in the information provided in this Application, including but not limited to the information relating to Relationship to the Academy and Ethical Issues.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

**References**

Please submit three (3) professional or business references **other than family or relatives, or current members of the Board for which you are applying. Note: For renewing board members, contacting references is at the discretion of the PSA Office Director.**

# **Name**                                Relationship to you

How long have you known this person?      

Preferred Method of Contact:  Home  Work Cellular

Home Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellular Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Name**                                Relationship to you

How long have you known this person?

Preferred Method of Contact:  Home  Work Cellular

Home Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellular Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Name**                                Relationship to you

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Home Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellular Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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Web Address: www.oakland.edu/psa