



## APPLICATION FOR CITIZENS' ADVISORY COMMITTEES

Thank you for your interest in serving as a citizen advisory committee member for Virginia Beach City Public Schools. Please complete and submit this application along with a letter of interest to the Clerk of the School Board no later than **Monday, March 28, 2024**. Each applicant must be a resident of Virginia Beach unless otherwise noted in [School Board Policy 7-21](#).

Please submit this application along with a letter of interest via E-mail or U.S. Mail to:

Regina Toneatto, Clerk of the School Board  
Virginia Beach City Public Schools  
P.O. Box 6038  
Virginia Beach, Virginia 23456  
Phone: (757) 263-1016  
E-mail: [regina.toneatto@vbschools.com](mailto:regina.toneatto@vbschools.com)

All information on this application will be treated as confidential and shared only with those individuals responsible for reviewing and vetting applications.

### CONTACT INFORMATION

Name (Last, First & MI): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

School Attendance Zone: Elementary: \_\_\_\_\_ Middle: \_\_\_\_\_ High: \_\_\_\_\_

Are you currently serving on any Citizen Advisory Committees?  Yes  No

If yes, check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Special Education Advisory Committee                      | <input type="checkbox"/> Interagency Adult Basic Education Advisory Committee |
| <input type="checkbox"/> General Advisory Council for Technical & Career Education | <input type="checkbox"/> School Health Advisory Committee                     |
| <input type="checkbox"/> Community Advisory Committee for Gifted Education         | <input type="checkbox"/> Ad Hoc Strategic Plan Committee                      |

**COMMITTEE(S) SELECTION**

**SPECIAL EDUCATION ADVISORY COMMITTEE**  
*(Meetings are held on the second Monday of each month.)*

Applying for this committee?  Yes  No

If yes, check all that apply.

- Person with disability residing in Virginia Beach
- Parent/Guardian of student with disability who receives services from Virginia Beach City Public Schools
- Community civic organization
- Public agency concerned with the care of persons with disabilities.
- Representative from other local advisory committee concerned with the education and training of students with disabilities.
- Teacher currently employed by the School Board

**COMMUNITY ADVISORY COMMITTEE FOR GIFTED EDUCATION**  
*(Meetings are held on the first Monday of each month.)*

Applying for this committee?  Yes  No

If yes, check all that apply.

- Bayside High Attendance Zone
- Cox High Attendance Zone
- Landstown High Attendance Zone
- First Colonial High Attendance Zone
- Princess Anne High Attendance Zone
- Tallwood High Attendance Zone
- Salem High Attendance Zone



**GENERAL ADVISORY COUNCIL FOR TECHNICAL AND CAREER EDUCATION**

*(Meetings are held four times a year.)*

Applying for committee?  Yes  No

**EMPLOYMENT/VOLUNTEER INFORMATION**

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

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

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

Please summarize previous volunteer experience.

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

**EDUCATION HISTORY**

High School: \_\_\_\_\_

College: \_\_\_\_\_

Technical School: \_\_\_\_\_

Military: \_\_\_\_\_

Graduate Profession: \_\_\_\_\_

Degrees and/or Certifications: \_\_\_\_\_

**AGREEMENT AND SIGNATURE**

By my signature to this application, I affirm that the facts set forth in it are true and complete; and confirm I do not have pending charges or convictions for felonies, offenses involving sexual molestation, physical or sexual abuse or rape of a child or an adult, convictions for crimes of moral turpitude (crimes involving lying, cheating, stealing or immoral behavior), or pending or founded cases of child abuse or neglect. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I further affirm my willingness to comply with the Virginia Financial Disclosure requirements, if applicable.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_