



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 **Friday, April 3, 2026**. 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 email 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

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.

- ☐ Special Education Advisory Committee
- ☐ General Advisory Council for Technical & Career Education
- ☐ Community Advisory Committee for Gifted Education

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.

- ☐ Ocean Lakes Attendance Zone
- ☐ Salem Attendance Zone

GENERAL ADVISORY COUNCIL FOR TECHNICAL AND CAREER EDUCATION
(Meetings are held four times a year.)

Applying for this 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: _____

Revised February 2, 2026