

Opportunity Youth Academy

1290 Ridder Park Drive, San Jose, CA 95131 (408) 573-3262 www.opportunityyouthacademy.org

Governance Council Candidate Application

Thank you for your interest in serving on the Opportunity Youth Academy Governance Council. Opportunity Youth Academy is a dependent charter school of Santa Clara County Office of Education. Opportunity Youth Academy's mission is to provide a premier high school reengagement pathway engaging students through relationship-focused, high-tech, and rigorous learning experiences resulting in students and graduates being "Ready to Learn, Ready to Work and Ready to Live."

Opportunity Youth Academy will utilize input from a Charter School-based Governance Council, which makes recommendations directly to the Opportunity Youth Academy Board. The Governance Council is an advisory body to the Opportunity Youth Academy Board. The Opportunity Youth Academy Governance Council will have nine voting members including a student representative and will be operated in accordance with its Bylaws. The Governance Council will include the County Assistant Superintendent of Educational Services, who will be a standing member and serves as the chairperson. The Governance Council will meet on at least a quarterly basis.

Should you wish to be considered to serve on the Opportunity Youth Academy Governance Council, please complete the accompanying application and submit it to Dr. Jessica Bonduris, Assistant Superintendent Educational Services Division. Her email is: jbonduris@sccoe.org. Please write in the subject line: Governance Council Candidate Application.

CONTACT INFORMATION					
ParentFormer StudentCommunity MemberOYA PartnerCurrent Student					
ch the following (Current Student does not need to complete 1, 2, 3): er of Interest. Please include in your letter: . Why do you wish to serve on the Governance Council? . Describe any previous experience you have that is relevant to serving on the council. If you have not had previous experience of this nature, explain why you have the capability to be an effective council					
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- member.
- 2. Resume
- 3. Three (3) letters of support and/or recommedations

Verification

I recognize that all information submitted with this application is true and complete to the best of my knowledge. I understand that a false application may disqualify me from the application process.

Signature_	 	
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Date:		