

# Board of Education of Baltimore County

6901 Charles Street ♦ Towson, MD ♦ 21204

## ETHICS REVIEW PANEL APPLICATION

**INSTRUCTIONS:**

**PLEASE COMPLETE (PRINT), SIGN, AND DATE THIS FORM AND MAIL TO THE ADDRESS INDICATED ON PAGE 2.**

PERSONAL INFORMATION			
Last Name	First Name		
Home Address	City	State	Zip Code
Home Phone	Cell Phone		
Business Phone	Email Address		
EMPLOYMENT AND ORGANIZATIONS			
Current or Most Recent Place of Employment		Years of Service	
Job Duties		Job Title	
Organizational Affiliations (e.g., civic, business, professional, etc.)			
REFERENCES			
PLEASE INCLUDE TWO PROFESSIONAL REFERENCES			
1. Name – First/Last:	Address:		
Occupation:	Number of Years Acquainted:		
Business Phone:	Email Address:		
Cell Phone:			
2. Name – First/Last:	Address:		
Occupation:	Number of Years Acquainted:		
Business Phone:	Email Address:		
Cell Phone:			
BACKGROUND INFORMATION			
1. Are you a resident of Baltimore County? If yes, length of residency ____ years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Are you at least eighteen (18) years of age? If yes, date of birth: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Are you a U.S. Citizen? If yes, length of residency ____ years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Are you an attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, are you duly licensed to practice law in the State Maryland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are in currently in good standing with the Maryland Court of Appeals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>IF YOU RESPOND “YES” TO QUESTIONS 5-10 AND WISH TO PROVIDE AN EXPLANATION, YOU MAY DO SO BY ATTACHING A SEPARATE SHEET OF PAPER.</b>			
5. Do you hold an elected or appointed office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Are you a candidate for an office of the United States, the State of Maryland, any political subdivision or incorporated municipality of the State, or in any political party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Are you an incumbent member of the Board of Education of Baltimore County, or the spouse of such member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

8.	Are you an employee of Baltimore County Public Schools, or the spouse of an employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Are you a family member <sup>1</sup> of a Baltimore County Public Schools' employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Are you employed by an entity that does business with the Board of Education of Baltimore County or are you the family member of a person employed by an entity that does business with the Board of Education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Are you a registered lobbyist for any organization in the State of Maryland that may create a conflict of interest with Panel service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Are you available to commit to meeting a minimum of six to ten times per year, if necessary? ( <i>The Panel will meet, at a minimum, on a quarterly basis.</i> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Would your schedule or work habits permit you to be available at least one day a month during business or evening hours to conduct Panel business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**IF ADDITIONAL SPACE IS NEEDED WHEN RESPONDING TO QUESTIONS 14-18, PLEASE ATTACH A SEPARATE SHEET OF PAPER.**

14.	Briefly describe your experience in reviewing or applying codes of ethics.
15.	Briefly describe your past/present association, if any, with Baltimore County Public Schools, the Board of Education of Baltimore County, or any other public school system in Maryland.
16.	Briefly describe your participation in community service activities.
17.	What qualifications do you believe you bring to the Ethics Review Panel? What qualities do you believe are necessary to serving on the Panel?
18.	Why do you wish to serve on the Ethics Review Panel?

**I CERTIFY THAT INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT A ROUTINE BACKGROUND CHECK WILL BE CONDUCTED FOR THE FINALIST(S). I AUTHORIZE THE VERIFICATION OF ANY OR ALL INFORMATION LISTED ABOVE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return the completed form to:** BOARD OF EDUCATION OF BALTIMORE COUNTY  
6901 N. Charles St., Towson, MD 21204  
ATTN: Ethics Review Panel Vacancy or by email to: [ethics@bcps.org](mailto:ethics@bcps.org)

<sup>1</sup> As used in this application, "family member" is defined as any individual within the second degree of consanguinity or within the first degree of affinity as shown in Policy 4010, Form A.