Robert J. Siminski, Ed.D. 40 Ivy Garden Way East Greenwich, RI 02818 401.232.5818

To whom it may concern:

Please accept this letter as an application for appointment to the Juvenile Hearing Board. Currently, I am a member of the State Mental Health Board, The East Greenwich Opioid Task Force, The Family Task Force and Citizens Who Care. As an educator for fifty one years, twenty three of which as a superintendent, qualifies me for the position.

For your information, the following is a summary of my work in education, that included service in the states of Rhode Island, Massachusetts, Connecticut, New Hampshire, and New Jersey.

During my career I have been a teacher in middle and high schools, a director of education in two state prisons, (Rhode Island and New Jersey), a central office administrator, and an assistant superintendent /superintendent for twenty three years. My teaching experience included high school advanced placement courses and serving as an adjunct instructor at Worcester State College, Providence College and Johnson Wales University. My education includes both Bachelor's and Master's Degrees from Providence College, graduate courses at Rhode Island College, and a Doctorate in Educational Leadership from Johnson and Wales University. I was nominated for Superintendent of the Year in Connecticut, served as an officer in the Connecticut Association of Superintendent of Schools rising to the position of president elect, and was an active member of the AHM Youth Services Bureau. The latter was responsible for creating drug awareness programs for all students in grades K-12, and implementing a community drug take back programs. As a superintendent of schools I oversaw the development of curriculum that introduced social emotional learning, the use of Socratic seminars, and mindfulness training. I participated in a student advisory program that allowed students to develop a relationship with an adult in the school community. Important programs that I introduced were evening diploma and a credit recovery programs. The credit recovery program provided an opportunity for students to complete courses so that they could graduate with their peers.

Should you require any clarification or additional information, please contact me.

My Hunews & C. Robert J. Siminski, Ed.D.

erv truly yours

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OFFICE OF THE TOWN MANAGER

TOWN OF EAST GREENWICH VOLUNTEER APPLICATION MEMBERSHIP ON BOARD OR COMMISSION

NAME (PLEASE PRINT OR TYPE)	_			
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<u>401- 232-5818</u> HOME TELEPHONE	BUSINESS T	ELEPHONE		
RSIMINISK@ Adl. CO.	W			
E-MAIL (PRINT CLEARLY)				
MAY YOU BE CONTACTED AT YOUR PLACE OF B	USINESS? YES NO	Y A		
HOW LONG HAVE YOU BEEN A RESIDENT OF EA	st greenwich? <u>8 Y</u> R	S		
ARE YOU A REGISTERED VOTER OF EAST GREEN				
NAME OF COMMISSION, COMMITTEE OR BOARD YOU WISH TO SERVE ON? TUVENILE WEARING				
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APPOINTMENT TO ANY COMMISSIONS, COMMITTE	EES AND BOARDS REQUIRE :	THAT A FINANCIAL STATEMENT BE		
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Please submit a resume and/or letter of interest indicating the reasons for seeking appointment to a commission, committee, or board. Also include education, training, experience, special skills,				
knowledge, talents, and insights or points of view that you might offer to the commission, committee or board of interest.				
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OFFICE OF THE

HAVE YOU EVER SERVED ON A COMM MUNICIPALITY OR STATE? YES N IF SO PLEASE INDICATE:	MISSION, COMMITTEE, OR BOAI	RD IN EAST GREENWICH OR ANOTHE
S THERE A SPECIFIC EVENING OR C	THER PERIOD OF TIME YOU W	OULD BE UNAVAILABLE TO ATTEN
IF SO PLEASE EXPLAIN:		
DO YOU ANTICIPATE HAVING TO REPARTICULAR MATTER (S) THAT MAY OF CONFLICT OF INTEREST? YES IF SO, PLEASE EXPLAIN:	COME BEFORE SAID COMMISSI	
Affordable Housing Commission	Board of Assessment Review	Board of Canvassers
Coastal Resources Management Council	Cove Management Commission	Historic Cemetery Commission
Historic District Commission	Housing Authority	Juvenile Hearing Board
Kent County Water Authority	Municipal Land Trust	Personnel Board
Planning Board Zoning Board	Quonset Point Dev. Corp Board	Senior Advisory Council
NOTE: APPLICATIONS ARE KE	EPT ON FILE FOR ONE (1) YEAR	FROM THE DATE OF RECEIPT.
SIGNATURE		5-22-19 DATE
PLEASE RETURN APPLICATION	AND SUPPORTING DOCUM	ENTS TO:
	TOWN CLERK'S OFFICE TOWN HALL 125 MAIN STREET PO BOX 111	
	EAST GREENWICH, RI 028 NEY@EASTGREENWICHR	

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