

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
JAMES M. MALONEY,

Plaintiff,

- against -

CV 03-4178 (SLT) (MLO)

THE COUNTY OF NASSAU, THE POLICE
DEPARTMENT OF THE COUNTY OF NASSAU,
DENIS DILLON, in his official capacity as District
Attorney of the County of Nassau, JOAN P. YALE,
ROBERT SEIDEN, ESQ., JOHN A JOHNSON, in his
official capacity as Commissioner of the State of New
York Office of Children and Family Services, DAVID R.
PETERS, in his official capacity as Director of the State
Central Register of the State of the New York Office of
Children and Family Services, and JOHN DOES No. 1
through 100,

Declaration of
James M. Maloney

Defendants.

-----X

James M. Maloney, an attorney at law admitted to practice before this Honorable Court,
declares under penalty of perjury as follows:

1. I submit this Declaration in order to describe recent events that have considerable
relevance to the pending motion by JOHN A JOHNSON and DAVID R. PETERS (collectively,
the "State Defendants").
2. Specifically, this Declaration relates to an aspect of my livelihood that appears to be in
jeopardy due to the continued maintenance of my name on the statewide Child Abuse and
Maltreatment Register (the "Register") since 2000, the act complained of as against the State
Defendants.
3. On or about September 18, 2000, I submitted an application for employment to the
Port Washington Union Free School District ("PWUFSD"), a true copy of which is attached
hereto as **Exhibit 1**. The employment I was seeking was the opportunity to teach on a part-time
basis in the adult education program, specifically a course of my own design entitled

“Introduction to Celestial Navigation.”

4. On or about November 28, 2000, I had an interview with Serena Bogucki, then an employee of PWUFSD and the director of the adult education program. On the basis of that interview and my application, I was hired to teach the course I had designed, “Introduction to Celestial Navigation,” twice per year (Spring and Fall), to commence in Spring 2001, at an hourly rate of \$20 per hour.

5. I did in fact teach the course, and have agreed to teach it during each semester (Spring and Fall) from Spring 2001 through Spring 2006. Attached hereto as **Exhibit 2** are true copies of the Intent to Teach forms that were mailed to me, and which I signed and returned, for each such prospective semester.

6. The Spring 2006 semester and the Fall 2003 semester had the highest number of enrollees (seven) of all the semesters in which I have taught the course. See last page of Exhibit 2, which consists of a true copy of the notice dated March 14, 2006, indicating same. Two of the students from the Spring 2003 semester happened to return evaluation forms to PWUFSD, copies of which PWUFSD forwarded to me, and true copies of which are attached hereto as **Exhibit 3**. The favorable comments of those students encouraged me, and I have derived a great deal of personal and professional satisfaction, as well as some income, from teaching my course over the years.

7. During semesters other than Spring 2006 and Fall 2003, I had four to six students. During any semester in which one or more but fewer than four students enrolled, PWUFSD would cancel the course, since paying me to teach it would cause the District to incur a loss in relation to the total course fees received from enrollees.

8. As a result, my course did not run every semester, but it ran at least once in 2001, 2002, 2003, 2005, and 2006. True copies of W-2 forms from PWUFSD or other proof of payment to me (with my social security number redacted for privacy) for each of those years are attached hereto as **Exhibit 4**.

9. During the years I have taught the course, I have provided bound materials to the

students at approximately my cost of producing them. A few years ago I began making those materials available (in pdf) via the Internet as well, on a site I created (www.cybersextant.com). In the Spring 2006 semester, for the first time ever, ALL of my students downloaded the materials, and had done so before the first day of class, which brought me a great deal of personal and professional satisfaction because it made me feel that my efforts in developing the website and updating the materials were appreciated.

10. After the Spring 2006 course ended (in May 2006), I received correspondence, a true copy of which is attached hereto as **Exhibit 5**, from an entity called SCOPE Educational Services (“SCOPE”), informing me that the management of my course (and the entire PWUFSD adult education program) would henceforth be handled by SCOPE, and providing a form for me to complete and return, along with other materials, should I wish to continue teaching. I promptly completed and returned the form and other materials well before the due date of June 9 indicated in SCOPE’s correspondence, indicating that I did indeed wish to continue teaching my course.

11. On June 5, 2006, I received a packet of materials from SCOPE, the leading document being the letter from Betty Kauffman, Manager, School Satellite Programs, a true copy of which is attached hereto as **Exhibit 6**. In the letter, Ms. Kauffman thanked me for my “offer to teach at [SCOPE’s] Continuing Education Programs this fall” and stated: “We have enclosed paperwork that it is necessary to be filled out and returned to our office no later than June 19, 2006.” The letter then alluded to an agreement that I must sign and accept in order to continue teaching, but gave no indication of the contents of the agreement. Finally, the letter invited me to call Ms. Kauffman if I had any questions.

12. The contents of the packet (i.e., the “paperwork”) for the most part consisted of more or less typical employment-related forms, including an application for employment, a Form W-4, a direct-deposit enrollment form, a TIAA-CREF tax-sheltered annuity enrollment/denial form, and a U.S. Department of Justice Form I-9. On this last form was a Post-It note with a handwritten message that read: “Please call SCOPE to make arrangements for this form. Thank you.”

13. Also included in the packet was an Affidavit with blanks to be completed, requiring, among other things, that the applicant consent to various criminal background checks, consent to the sharing of the results of same with PWUFSD, and (as the final paragraph) that the applicant agree to hold SCOPE and all its affiliates (including, presumably, PWUFSD as “licensor”) harmless. A true copy of the Affidavit is attached hereto as **Exhibit 7**.

14. Because I was concerned about whether the fact that my name is on the Register would prevent me from being allowed to continue teaching my course under SCOPE’s new management, I called Ms. Kauffman on June 6, 2006. However, I was concerned that a direct question on the point would not create a favorable impression (and may indeed make matters worse), so after I had called and identified myself I began the discussion by acknowledging receipt of the materials and turning the discussion to the Post-It note with the handwritten message (see paragraph 12, *supra*). After exhausting that discussion, I made a joking comment about the Affidavit, asking whether I was being hired to teach a course or handle matters of national security. Ms. Kauffman responded that the reason all the background checks were required was because SCOPE usually hired teachers who worked with children, and gathered the necessary information from the appropriate authorities to make sure that the children would not be harmed. I pointed out that this was an adult education course, to which she responded that SCOPE treated all its applicants identically and that these background checks are the “wave of the future” (her exact words).

15. Although I dared not probe further into the precise material to be elicited from the New York Department of Criminal Justice Services (specifically referenced at paragraph 6 of the Affidavit), I checked both that agency’s website and SCOPE’s website. The conspicuous presence on both sites of material related to the security of CHILDREN, coupled with Ms. Kauffman’s comments, have convinced me beyond any doubt that if I seek to continue teaching my PWUFSD adult-education course, “Introduction to Celestial Navigation,” with SCOPE, the fact that I am listed on the Register will come out and I will be denied employment. Although conceivably I might be granted the opportunity to teach anyway given that no children are

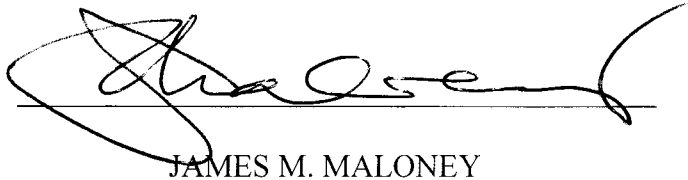
generally present in my courses, a few semesters back two enrollees consisted of a father and his high-school-aged son (a minor). Presumably, even if I were permitted to teach, a notation would be placed on the enrollment materials that persons under 18 may not enroll. I have no desire to go down that path.

16. By reason of the foregoing, the State Defendants' continued maintenance of my name on the statewide Child Abuse and Maltreatment Register has adversely affected an aspect of my livelihood that has not only provided income over the past five years, but has also afforded me a great deal of personal and professional satisfaction.

17. I note in closing that Defendant ROBERT SEIDEN, ESQ. is the current President of the Board of Education of PWUFSD.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: Port Washington, New York
June 6, 2006



JAMES M. MALONEY

EXHIBIT 1

ADULT EDUCATION PROGRAM
 PORT WASHINGTON PUBLIC SCHOOLS
 PORT WASHINGTON, NEW YORK 11050

APPLICATION FOR TEACHING POSITION IN ADULT EDUCATION

PERSONAL DATA

Date of Application: 9/18/00

Name: MALONEY JAMES M.
 Last First Middle (Maiden)

Permanent Address: P.O. Box 551, Port Wash, NY 11050

Phone Number: Home: _____ Business: (516) 767-1395

Business Address: _____

Present Occupation: Title of Position ATTORNEY AT LAW

Location PORT WASHINGTON, NY

Dates: From 1996 To PRESENT

PROFESSIONAL DATA

List subject areas you are qualified to teach in order of preference

1. NAVIGATION 2. LAW & GOVERNMENT 3. BACK GAMMON

INSTITUTIONS OF HIGHER LEARNING

<u>Name of School</u>	<u>Address</u>	<u>Entrance Date</u>	<u>Years Attended</u>	<u>Year of Graduat</u>
<u>S.U.N.Y. MARITIME COLLEGE</u>	<u>BRONX, NY</u>	<u>AUG 1976</u>	<u>4</u>	<u>1980</u>
<u>FORDHAM LAW SCHOOL</u>	<u>NEW YORK, NY</u>	<u>SEPT 1991</u>	<u>4</u>	<u>1995</u>

TEACHING EXPERIENCE

<u>Name of School</u>	<u>Location</u>	<u>Subject</u>	<u>From 19</u>	<u>to 19</u>
<u>S.U.N.Y. MARITIME COLLEGE</u>	<u>BRONX, NY</u>	<u>NAVIGATION</u>	<u>JAN '86</u>	<u>MAY '86</u>
<u>TRAINING SHIP EMPIRE STATE (AT SEA)</u>		<u>NAVIGATION</u>	<u>MAY '85</u>	<u>JULY '85</u>
<u>FORDHAM LAW SCHOOL</u>	<u>NEW YORK, NY</u>	<u>PROPERTY LAW</u>	<u>SEPT '93</u>	<u>MAY '94</u>

(over)

ALSO SEE ATTACHED RESUME

REFERENCES

Name and Full Address:

(3) JEFFREY A. WEISS, GREGORY P. SMITH, JOSEPH A. AHLSTROM
PROFESSORS, SUNY MARITIME COLLEGE
6 PENNYFIELD AVE., BRONX, NY 10465

Other Employment Experience:


<u>Place</u>	<u>Nature of Employment</u>	<u>Dates: From 19</u>	<u>to 1</u>
	<u>SEE ATTACHED RESUMES</u>		

TEACHING CERTIFICATE

New York NONE Expiration Date _____
Type of Certificate

Social Security Number (will provide upon employment)

Mail this application to: **PORT WASHINGTON CONTINUING & COMMUNITY EDUCATION**
10 Newbury Road
Port Washington, New York 11050


Signature of Applicant

OFFICE USE ONLY

Interviewed _____

Employed _____

Rate _____

Director

JAMES M. MALONEY
P.O. Box 551
Port Washington, NY 11050

(516) 767-1395

EDUCATION & TRAINING

State University of New York Maritime College

Bachelor of Science, May 1980
Chartering Certificate Program, Fall 1995 through Spring 1996

Fordham University School of Law

Juris Doctor, May 1995

Saint Vincent's Hospital Institute of Emergency Care

Basic Emergency Medical Technician (EMT-A) Program, 1984
Paramedic (EMT-P) Program, October 1985 through August 1986

Maritime Institute of Technology and Graduate Studies

Advanced Training in Marine Cargo Operations, 1981
Advanced Training in Shipboard Medical Care, 1983

EXPERIENCE

Attorney, Private Practice, October 1999 to present
Attorney, Kirlin, Campbell & Keating, New York, NY, September 1996 through September 1999
Attorney, Burlingham Underwood LLP, New York, NY, September 1995 through August 1996
Paramedic, Saint Vincent's Hospital, New York, NY, January 1987 to September 1995
Teaching Assistant, Fordham Law School, New York, NY, Fall 1993 through Spring 1994 (p/t)
Adjunct Instructor, S.U.N.Y Maritime College, Bronx, NY, Spring 1986 (p/t)
Watch Officer and Instructor of Navigation, Training Ship Empire State
S.U.N.Y. Maritime College Summer Sea Term (May-July) 1985
Licensed Deck Officer aboard American merchant vessels
International Organization of Masters, Mates & Pilots (union), June 1980 to January 1986

MISCELLANEOUS

Author, "Piloting and Radar Navigation" chapter in *The Merchant Marine Officers' Handbook* (5th ed. 1989), Cornell Maritime Press.

United States Coast Guard license:

Master, Steam or Motor Vessels to 1600 Tons, Oceans;
Second Mate, Steam or Motor Vessels, Any Tons, Oceans; Radar Observer
Current license valid through June 23, 2002

Second language: Spanish

JAMES M. MALONEY
P.O. BOX 551
PORT WASHINGTON, NY 11050

(516) 767-1395

PORT WASHINGTON PUBLIC SCHOOLS
CONTINUING & COMMUNITY EDUCATION

ADVANCE COURSE PLAN

1. Suggested Title of Course: INTRODUCTION TO CELESTIAL NAVIGATION

2. Preferred Meeting Time: (Circle)

1st Choice: Mon. Tues. Wed. Thurs. Sat. Morning Afternoon Evening
2nd Choice: Mon. Tues. Wed. Thurs. Sat. Morning Afternoon Evening

7-9 p.m.
preferred

3. Brief Course Description: What do you expect to accomplish?
INTRODUCE STUDENTS TO ART & SCIENCE OF CELESTIAL NAVIGATION, WITH EMPHASIS ON THEORY AND TECHNIQUES THAT ARE MOST FUNDAMENTAL. (SEE ATTACHED OUTLINE)

4. Type of Room Needed: REGULAR CLASSROOM

5. Preferred Maximum Enrollment (Minimum: 12) NO LIMIT

6. Materials to be purchased by the school for student's use:
INSTRUCTOR WILL MAKE SMALL BOOKLET OF MATERIALS FOR PURCHASE BY STUDENTS AT \$10 OR LESS.

7. Materials to be provided BY students for their own use in class:
IF STUDENTS OWN SEXTANTS, THEY SHOULD BRING THEM TO CLASS, BUT THEY ARE NOT NEEDED

8. Special equipment needed for classroom (Plano, Easels, Etc.):
BLACKBOARD

9. How long should each class session be? 2 hours. 7 ^{SEE ATTACHED} _{OUTLINE}

10. How many sessions will be necessary to complete the course? 4

11. In what way will students benefit from the course? Why should anyone take it?
STUDENTS WILL GAIN AN APPRECIATION FOR THE CONTINUING RELEVANCE AND UTILITY OF CELESTIAL NAVIGATION DESPITE THE EXISTENCE OF MODERN ELECTRONIC NAVIGATION EQUIPMENT.

Your Name JAMES M. MALONEY Date 9/18/00
Address P.O. BOX 551 Phone (516) 767-1395
PORT WASHINGTON, NY 11050

INTRODUCTION TO CELESTIAL NAVIGATION

COURSE OUTLINE

<u>Session</u>	<u>Content and activities</u>
1	Introduction to course; discussion of modern relevance of celestial navigation; discussion of inability of GPS to check compasses and use of celestial navigation techniques for same; discussion and demonstration of use of the sextant in obtaining a line of position; discussion of use of calculators versus use of tables; introduction the concept of the celestial sphere; handout/purchase of materials booklet prepared by instructor.
2	The celestial sphere and its coordinates; introduction to the nautical almanac and its use in sight reduction; discussion of precise time measurement as an important element in most but not all celestial navigation techniques; reference to Dava Sobel's best-selling book, <i>Longitude</i> , in context.
3	Discussion of local apparent noon (LAN) and its use in "chronometer-free" or "survival" navigation; introduction to the use of azimuths of celestial bodies for compass checks and for as use of directional source or "compass in the sky" in land navigation (orienteering); discussion of Polaris (the North Star).
4	Refinement of theoretical and practical considerations discussed in Classes 2 and 3; introductory discussion of more complex techniques such as observations of stars, sight reduction for observations other than LAN; some practical tips; suggestions for further learning.

NOTE

THIS INTRODUCTORY COURSE IS INTENDED ONLY TO GIVE THE STUDENT AN OVERVIEW AND APPRECIATION OF THE TECHNIQUES OF CELESTIAL NAVIGATION. IT IS NOT INTENDED AND CANNOT BE EXPECTED TO TRAIN STUDENTS AS NAVIGATORS CAPABLE OF FIXING THEIR POSITION AT SEA THROUGH THE USE OF SEXTANT AND CHRONOMETER, NOR CAN IT COVER MORE THAN A FRACTION OF THE THEORETICAL AND PRACTICAL CONSIDERATIONS UNDERLYING THE ART OF CELESTIAL NAVIGATION. ITS CONTENT REFLECTS A DECISION TO EMPHASIZE THAT WHICH IS EITHER FUNDAMENTAL OR ESPECIALLY RELEVANT GIVEN THE EXISTENCE AND WIDESPREAD USE OF MODERN ELECTRONIC NAVIGATION EQUIPMENT.

FOR FURTHER INFORMATION CONTACT:

James M. Maloney
P.O. Box 551
Port Washington, NY 11050
(516) 767-1395

EXHIBIT 2

PORT WASHINGTON Union Free School District

Albert F. Inserra, Ed.D., *Superintendent of Schools*

CONTINUING & COMMUNITY EDUCATION
Salem School
10 Newbury Road
Port Washington, New York 11050
516-767-4430
FAX 516-767-4665

SERENA M. BOGUCKI
Director of Educational and Community Services

TO: James Maloney
FROM: SERENA BOGUCKI
DIRECTOR
SUBJECT: INTENT TO TEACH

As we prepare the Continuing Education Program for the coming semester, we are asking for confirmation from you that you intend to teach the following course in the Spring 2001 semester. **Please make sure you are available on the dates indicated.** Please review the attached course description and update or change the information as you wish it to appear in our spring brochure, and return one copy with this signed letter. The second copy is for your files. If the class registration is not sufficient for the course to be financially self-sustaining, it will be cancelled.

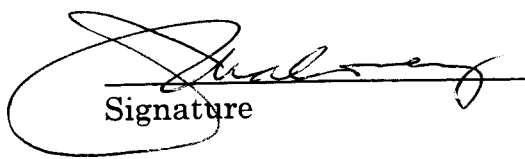
If there is a maximum on student enrollment for your class, please note this on the next page. Please also note if there is any special equipment (VCR/monitor, overhead projector, easel, etc.) which will be needed to assist you in your class presentation.

If you are unable to teach this coming term, please contact the Continuing Education office immediately. The number is 516 767-4430.

COURSE: Celestial Navigation
DATE: 4 Tuesdays April 24, 2001
TIME: 7:30-9:30 pm LOCATION: Weber 107
(Course description & biography on next page-please return)

AGREEMENT

I accept the appointment to teach in the Port Washington Continuing Education Program at a salary of \$ 20 per hour/~~per session~~. I accept the position as stated above.


Signature

12/06/00
Date

PLEASE SIGN AND RETURN BY as soon as possible

PORT WASHINGTON Union Free School District

Albert F. Inserra, Ed.D., *Superintendent of Schools*

CONTINUING & COMMUNITY EDUCATION

SERENA M. BOGUCKI

Director of Educational and Community Services

Salem School

10 Newbury Road

Port Washington, New York 11050

516-767-4430

FAX 516-767-4665

April 26, 2001

TO: *James Maloney*
FROM: SERENA BOGUCKI
DIRECTOR
SUBJECT: INTENT TO TEACH

As we prepare the Continuing Education Program for the coming semester, we are asking for confirmation from you that you intend to teach the following course in the Fall 2001 semester. **Please make sure you are available on the dates indicated.** Please review the attached course description and update or change the information as you wish it to appear in our brochure, and return one copy with this signed letter. The second copy is for your files. If the class registration is not sufficient for the course to be financially self-sustaining, it will be cancelled.

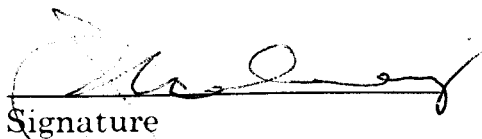
If there is a maximum on student enrollment for your class, please note this on the next page. Please also note if there is any special equipment (VCR/monitor, overhead projector, easel, etc.) which will be needed to assist you in your class presentation.

If you are unable to teach this coming term, please contact the Continuing Education office immediately. The number is 516 767-4430.

COURSE: Celestial Navigation
DATE: 4 Tuesdays, Oct 23 2001
TIME: 7:30 - 9:30 pm LOCATION: Weber 107
(Course description & biography on next page-please return)

AGREEMENT

I accept the appointment to teach in the Port Washington Continuing Education Program at a salary of \$ 20 per hour/~~per session~~. I accept the position as stated above.


Signature

5/15/01
Date

PLEASE SIGN AND RETURN BY May 16, 2001

PORT WASHINGTON Union Free School District

Albert F. Inserra, Ed.D., *Superintendent of Schools*

CONTINUING & COMMUNITY EDUCATION

Salem School
10 Newbury Road
Port Washington, New York 11050
516-767-4430
FAX 516-767-4665

TO: James Maloney
FROM: CONTINUING EDUCATION, PORT WASHINGTON
SUBJECT: INTENT TO TEACH
DATE: OCTOBER 29, 2001

As we prepare the Continuing Education Program for the coming semester, we are asking for confirmation from you that you intend to teach the following course in the Spring 2002 semester. **Please make sure you are available on the dates indicated.** Please review the attached course description and update or change the information as you wish it to appear in our brochure, and return one copy with this signed letter. The second copy is for your files. If the class registration is not sufficient for the course to be financially self-sustaining, it will be cancelled.

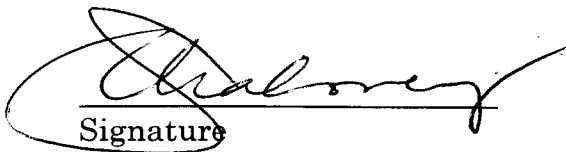
If there is a maximum on student enrollment for your class, please note this on the next page. Please also note if there is any special equipment (VCR/monitor, overhead projector, easel, etc.) which will be needed to assist you in your class presentation.

If you are unable to teach this coming term, please contact the Continuing Education office **immediately**. The number is 516 767-4430.

COURSE: Intro to Celestial Navigation
DATE: 4 Tuesdays, April 9, 2002
TIME: 730-930 pm LOCATION: Weber 105
(Course description & biography on next page-please return)

AGREEMENT

I accept the appointment to teach in the Port Washington Continuing Education Program at a salary of \$ 20 per hr/~~per session~~. I accept the position as stated above.


Signature

11/27/01
Date

PLEASE SIGN AND RETURN BY **NOVEMBER 12, 2001**

PORT WASHINGTON Union Free School District

Albert F. Inserra, Ed.D., *Superintendent of Schools*

Sandra Hittleman,
Interim Director of Educational & Community Services

SALEM INSTRUCTIONAL CENTER
Educational and Community Services
10 Newbury Road
Port Washington, New York, 11050
516-767-4430
FAX 516-767-4665

TO: James Maloney
FROM: CONTINUING EDUCATION, PORT WASHINGTON
SUBJECT: INTENT TO TEACH
DATE: April 23, 2002

As we prepare the Continuing Education Program for the coming semester, we are asking for confirmation from you that you intend to teach the following course in the Fall 2002 semester. **Please make sure you are available on the dates indicated.** Please review the attached course description and update or change the information as you wish it to appear in our brochure, and return one copy with this signed letter. The second copy is for your files. If the class registration is not sufficient for the course to be financially self-sustaining, it will be cancelled.

If there is a maximum on student enrollment for your class, please note this on the next page. Please also note if there is any special equipment (VCR/monitor, overhead projector, easel, etc.) which will be needed to assist you in your class presentation.

If you are unable to teach this coming term, please contact the Continuing Education office **immediately**. The number is 516 767-4430.

COURSE: Intro to Celestial Navigation
DATE: 4 Wednesdays Oct 23, 2002
TIME: 730-930 pm LOCATION: Weber 105
(Course description & biography on next page-please return)

AGREEMENT

I accept the appointment to teach in the Port Washington Continuing Education Program at a salary of \$ 20 per hr/~~per session~~. I accept the position as stated above.

15/ _____
Signature Date

PLEASE SIGN AND RETURN BY **May 10, 2002**

Can you please do Wed's?

PORT WASHINGTON Union Free School District

GEOFFREY N. GORDON, Ed.D.
Superintendent

Salem Instructional Center
10 Newbury Road
Port Washington, NY 11050
516-767-4430
FAX 516-767-4665
sandrah@portnet.k12.ny.us

SANDRA HITTLEMAN
Interim Director, Educational and Community Services

TO: James Maloney
FROM: CONTINUING EDUCATION, PORT WASHINGTON
SUBJECT: INTENT TO TEACH
DATE: October 28, 2002

As we prepare the Continuing Education Program for the coming semester, we are asking for confirmation from you that you intend to teach the following course in the Spring 2003 semester. **Please make sure you are available on the dates indicated.** Please review the attached course description and update or change the information as you wish it to appear in our brochure, and return one copy with this signed letter. The second copy is for your files. If the class registration is not sufficient for the course to be financially self-sustaining, it will be cancelled.

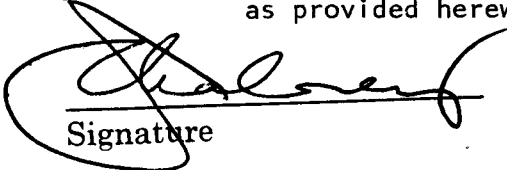
If there is a maximum on student enrollment for your class, please note this on the next page. Please also note if there is any special equipment (VCR/monitor, overhead projector, easel, etc.) which will be needed to assist you in your class presentation.

If you are unable to teach this coming term, please contact the Continuing Education office immediately. The number is 516 767-4430.

COURSE: Intro to Celestial Navigation
DATE: 4 Wednesdays, April 30, 2003
TIME: 7:30-9:30 PM LOCATION: Weber 105
(Course description & biography on next page-please return)

AGREEMENT

I accept the appointment to teach in the Port Washington Continuing Education Program at a salary of \$ 20 per hr/per session. I accept the position as stated above, provided my biographical information is updated as provided herewith.


Signature

11/22/02
Date

PLEASE SIGN AND RETURN BY NOVEMBER 15, 2002

PORT WASHINGTON on Free School District

GEOFFREY N. GORDON, Ed.D.
Superintendent

ANDRA HITTLEMAN
Interim Director, Continuing & Educational Services

Salem Instructional Center
6 Manhasset Ave.
Port Washington, NY 11050
516-767-5470
FAX 516-767-4665
sandrah@portnet.k12.ny.us

TO: James Maloney
FROM: CONTINUING EDUCATION, PORT WASHINGTON
SUBJECT: INTENT TO TEACH
DATE: APRIL 30, 2003

As we prepare the Continuing Education Program for the coming semester, we are asking for confirmation from you that you intend to teach the following course in the Fall 2003 semester. **Please make sure you are available on the dates indicated.** Please review the attached course description and update or change the information as you wish it to appear in our brochure, and return one copy with this signed letter. The second copy is for your files. If the class registration is not sufficient for the course to be financially self-sustaining, it will be cancelled.

If there is a maximum on student enrollment for your class, please note this on the next page. Please also note if there is any special equipment (VCR/monitor, overhead projector, easel, etc.) which will be needed to assist you in your class presentation.

If you are unable to teach this coming term, please contact the Continuing Education office **immediately**. The number is 516 767 5473.

COURSE: Celestial Navigation
DATE: 4 Wednesdays, Oct. 22, 2003
TIME: 7:30 - 9:30 pm LOCATION: Weber 105
(Course description & biography on next page-please return)

AGREEMENT

I accept the appointment to teach in the Port Washington Continuing Education Program at a salary of \$ 20 per hr/~~per session~~. I accept the position as stated above.

15/
Signature

5/11/03
Date

PLEASE SIGN AND RETURN BY **MAY 12, 2003**

PORT WASHINGTON Union Free School District

GEOFFREY N. GORDON, Ed.D.
Superintendent

REGINA FARINACCIO
Manager of Continuing and Community Education

6 Manhasset Avenue
Port Washington, NY 11050
516-767-5470
FAX 516-767-4665
rfarinaccio@portnet.k12.ny.us

TO: James Maloney
FROM: CONTINUING EDUCATION, PORT WASHINGTON
SUBJECT: INTENT TO TEACH
DATE: OCTOBER 27, 2003

As we prepare the Continuing Education Program for the coming semester, we are asking for confirmation from you that you intend to teach the following course in the Spring 2004 semester. **Please make sure you are available on the dates indicated.** Please review the attached course description and update or change the information as you wish it to appear in our brochure, and return one copy with this signed letter. The second copy is for your files. If the class registration is not sufficient for the course to be financially self-sustaining, it will be cancelled.

If there is a maximum on student enrollment for your class, please note this on the next page. Please also note if there is any special equipment (VCR/monitor, overhead projector, easel, etc.) which will be needed to assist you in your class presentation.

If you are unable to teach this coming term, please contact the Continuing Education office **immediately**. The number is 516 767 5473.

COURSE: Intro to Celestial Navigation
DATE: 4 Weds, April 14, 2004
TIME: 7:30-9:30 PM LOCATION: Weber 105
(Course description & biography on next page-please return)

AGREEMENT

I accept the appointment to teach in the Port Washington Continuing Education Program at a salary of \$ 20 per hr/per session. I accept the position as stated above.

Signature Date

PLEASE SIGN AND RETURN BY Nov. 14, 2003

Would you like to make it a part II?

PORT WASHINGTON Union Free School District

GEOFFREY N. GORDON, Ed.D.
Superintendent

REGINA FARINACCIO
Manager of Continuing and Community Education

6 Manhasset Avenue
Port Washington, NY 11050
516-767-5470
FAX 516-767-4665
rfarinaccio@portnet.k12.ny.us

TO: James Maloney
FROM: CONTINUING EDUCATION, PORT WASHINGTON
SUBJECT: INTENT TO TEACH
DATE: APRIL 19, 2004

As we prepare the Continuing Education Program for the coming semester, we are asking for confirmation from you that you intend to teach the following course in the Fall 2004 semester. **Please make sure you are available on the dates indicated.** Please review the attached course description and update or change the information as you wish it to appear in our brochure, and return one copy with this signed letter. The second copy is for your files. If the class registration is not sufficient for the course to be financially self-sustaining, it will be cancelled.

If there is a maximum on student enrollment for your class, please note this on the next page. Please also note if there is any special equipment (VCR/monitor, overhead projector, etc.) which will be needed to assist you in your class presentation.

If you are unable to teach this coming term, please contact the Continuing Education office **immediately**. The number is 516 767 5473.

COURSE: Celestial Navigation
DATE: 4 Wednesdays Oct 27, 2004
TIME: 7:30 - 9:30 pm LOCATION: Weber 105
(Course description & biography on next page-please return)

AGREEMENT

I accept the appointment to teach in the Port Washington Continuing Education Program at a salary of \$ 20 per hr/~~per session~~. I accept the position as stated above.

JS _____ 5/17/04 _____
Signature Date

PLEASE SIGN AND RETURN BY **May 3, 2004**

PORT WASHINGTON Continuing Education Free School District

GEOFFREY N. GORDON, Ed.D.
Superintendent

MINA FARINACCIO
Manager of Continuing and Community Education

6 Manhasset Avenue
Port Washington, NY 11050
516-767-5470
FAX 516-767-4665
rfarinaccio@portnet.k12.ny.us

TO: James Maloney
FROM: CONTINUING EDUCATION, PORT WASHINGTON
SUBJECT: INTENT TO TEACH
DATE: OCTOBER 25, 2004

As we prepare the Continuing Education Program for the coming semester, we are asking for confirmation from you that you intend to teach the following course in the Spring 2005 semester. **Please make sure you are available on the dates indicated.** Please review the attached course description and update or change the information as you wish it to appear in our brochure, and return one copy with this signed letter. The second copy is for your files. If the class registration is not sufficient for the course to be financially self-sustaining, it will be cancelled.

If there is a maximum on student enrollment for your class, please note this on the next page. Please also note if there is any special equipment (VCR/monitor, overhead projector, easel, etc.) which will be needed to assist you in your class presentation.

If you are unable to teach this coming term, please contact the Continuing Education office **immediately**. The number is 516 767 5473.

COURSE: Celestial Navigation
DATE: 4 wednesdays, March 30, 2005
TIME: 7.30-9:30 PM LOCATION: Weber 105
(Course description & biography on next page-please return)

AGREEMENT

I accept the appointment to teach in the Port Washington Continuing Education Program at a salary of \$ 20 per hr/~~per session~~. I accept the position as stated above.

Signature

Date

PLEASE SIGN AND RETURN BY **Nov. 12, 2004**

PORT WASHINGTON Union Free School District

GEOFFREY N. GORDON, Ed.D.
Superintendent

REGINA FARINACCIO
Manager of Continuing and Community Education

Administrative Annex
90 Avenue C
Port Washington, NY 11050
516-767-5470
FAX 516-767-5479
rfarinaccio@portnet.k12.ny.us

TO: James Maloney
FROM: CONTINUING EDUCATION, PORT WASHINGTON
SUBJECT: INTENT TO TEACH
DATE:

As we prepare the Continuing Education Program for the coming semester, we are asking for confirmation from you that you intend to teach the following course in the Fall 2005 semester. **Please make sure you are available on the dates indicated.** Please review the attached course description and update or change the information as you wish it to appear in our brochure, and return one copy with this signed letter. The second copy is for your files. If the class registration is not sufficient for the course to be financially self-sustaining, it will be cancelled.

If there is a maximum on student enrollment for your class, please note this on the next page. Please also note if there is any special equipment (VCR/monitor, overhead projector, easel, etc.) which will be needed to assist you in your class presentation.

If you are unable to teach this coming term, please contact the Continuing Education office **immediately**. The number is 516 767 5473.

COURSE: Celestial Navigation
DATE: 4 Tuesdays, Nov 1, 2005
TIME: 730-930 pm LOCATION: Weber 105
(Course description & biography on next page-please return)

AGREEMENT

I accept the appointment to teach in the Port Washington Continuing Education Program at a salary of \$ 20 per hr/per session. I accept the position as stated above.

Signature

Date

PLEASE SIGN AND RETURN BY May 15, 2005

PORT WASHINGTON Union Free School District

GEOFFREY N. GORDON, Ed.D.
Superintendent

REGINA FARINACCIO
Manager of Continuing and Community Education

Administrative Annex
90 Avenue C
Port Washington, NY 11050
516-767-5470
FAX 516-767-5479
rfarinaccio@portnet.k12.ny.us

TO: James Maloney
FROM: CONTINUING EDUCATION, PORT WASHINGTON
SUBJECT: INTENT TO TEACH
DATE:

As we prepare the Continuing Education Program for the coming semester, we are asking for confirmation from you that you intend to teach the following course in the Spring 2006 semester. **Please make sure you are available on the dates indicated.** Please review the attached course description and update or change the information as you wish it to appear in our brochure, and return one copy with this signed letter. The second copy is for your files. If the class registration is not sufficient for the course to be financially self-sustaining, it will be cancelled.

If there is a maximum on student enrollment for your class, please note this on the next page. Please also note if there is any special equipment (VCR/monitor, overhead projector, easel, etc.) which will be needed to assist you in your class presentation.

If you are unable to teach this coming term, please contact the Continuing Education office **immediately**. The number is 516 767 5473.

COURSE: Celestial Navigation
DATE: 4 Tuesdays April 4, 2006
TIME: 7:30 - 9:30 pm LOCATION: _____
(Course description & biography on next page-please return)

AGREEMENT NC 4/18

I accept the appointment to teach in the Port Washington Continuing Education Program at a salary of \$ 20 per hr/~~per session~~. I accept the position as stated above.

Signature Date

PLEASE SIGN AND RETURN BY Nov. 10, 2005

CONTINUING AND COMMUNITY EDUCATION
PWUFSD ADMINISTRATIVE ANNEX
90 AVENUE C
PORT WASHINGTON, NY 11050
Phone: 516 767 5470 Fax: 516 767 5479

Date: March 14, 2006

Dear James Maloney:

This letter is to confirm that your class INTRODUCTION TO CELESTIAL NAVIGATION
scheduled for start date of 4/4/06 from
7:30-9:30 PM in WEBER MIDDLE SCHOOL will be
held this semester. 7 students

Please contact the Continuing Education Department at 516 767-5470 regarding the following:

Audio-Visual Equipment:

- If you have not scheduled audio-visual equipment and need it for your class.

Photocopies:

- If you need information photocopied, please submit it to us **one week** before it is needed and it will be ready for your next scheduled class. You can email it to LGiordano@PortNet.K12.NY.US, fax 516 767 5479, mail or drop off at 90 Avenue C.

Rosters:

- Your roster can be picked up during the daytime (8:30am-3:30pm) at PWUFSD Administrative Annex, 90 Avenue C, Port Washington the day before or the day of your class.
- You can pick it up in the evening from March 6 to march 16, 2006 from 6:30-8:30 PM in the Schreiber Evening Office (Room 113), if your class begins during those dates.
- **For start dates after March 16, 2006, please notify us how you will be picking up, your roster so we can accommodate you.**

We look forward to a successful semester.

Yours truly,



Regina Farinaccio
Manager

EXHIBIT 3

COURSE AND INSTRUCTOR EVALUATION
FALL 2003

Course: Introduction to Celestial Navigation

Instructor(s): James Maloney

Name (Optional): _____

Please rate the following statements.

	Poor	Average	Good	Excellent
Registration				
1) The registration procedures were easy to follow	()	()	(✓)	()
2) The Staff was friendly.	()	()	(✓)	()
3) The Staff answered my questions thoroughly.	()	()	(✓)	()
Instructor				
1) Qualified to teach this program	()	()	()	(✓)
2) Prepared for each session	()	()	()	(✓)
3) Used effective teaching methods	()	()	()	(✓)
4) Effectively paced the program	()	()	()	(✓)
5) Enthusiastic about teaching	()	()	()	(✓)
6) Receptive to my questions and opinions	()	()	()	(✓)
7) Answered individual questions when necessary	()	()	()	(✓)
8) Overall, the instructor was	()	()	()	(✓)
Program				
1) Met my expectations	()	()	()	(✓)
2) Conformed to the published description	()	()	()	(✓)
3) Was fairly priced	()	()	()	(✓)
4) Overall, the program was	()	()	()	(✓)

What improvements do you recommend for this program? _____

Please share any additional comments or suggestions. _____

What other programs are you interested in taking? _____

Please complete form and return to instructor or Continuing Education, 6 Manhasset Avenue, Port Washington, NY 11050

Course: **Introduction to Celestial Navigation**

Instructor(s): **James Maloney**

Name (Optional): _____

Please rate the following statements.

	Poor	Average	Good	Excellent
Registration				
1) The registration procedures were easy to follow	()	()	(X)	()
2) The Staff was friendly.	()	()	()	()
3) The Staff answered my questions thoroughly.	()	()	()	()
Instructor				
1) Qualified to teach this program	()	()	()	(X)
2) Prepared for each session	()	()	()	(X)
3) Used effective teaching methods	()	()	()	(X)
4) Effectively paced the program	()	()	()	(X)
5) Enthusiastic about teaching	()	()	()	(X)
6) Receptive to my questions and opinions	()	()	()	(X)
7) Answered individual questions when necessary	()	()	()	(X)
8) Overall, the instructor was	()	()	()	(X)
Program				
1) Met my expectations	()	()	()	(X)
2) Conformed to the published description	()	()	()	(X)
3) Was fairly priced	()	()	()	(X)
4) Overall, the program was	()	()	()	(X)

What improvements do you recommend for this program? Longer! Not enough time.

Please share any additional comments or suggestions. Instructor: Excellent, more then qualified to teach. Overall a great guy.

What other programs are you interested in taking? _____

EXHIBIT 4

2001 W-2 and EARNINGS SUMMARY

2001 EARNINGS SUMMARY

Gross Wages & Compensation.....	160.00
Social Security Wages.....	160.00
Social Security Tax.....	9.92
Medicare Wages.....	160.00
Medicare Tax.....	2.32
Federal Taxable Wages.....	160.00
Federal Income Tax.....	0.00
State Taxable Wages.....	160.00
State Income Tax.....	0.00
City Taxable Wages.....	0.00
City Income Tax.....	0.00
Retirement Contributions(414H)...	0.00
Tax Sheltered Annuities(E).....	0.00

JAMES M MALONEY
33 BAYVIEW AVENUE
PORT WASHINGTON, NY 11050

Social Security Number: [REDACTED]
 Taxable Marital Status:
 S
 Exemptions/Allowances:
 Federal: 3
 State: 0
 Local: 0

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Fold and Detach Here

1 Wages, tips, other comp. 160.00		2 Federal income tax withheld		1 Wages, tips, other comp. 160.00		2 Federal income tax withheld	
3 Social security wages 160.00		4 Social security tax withheld 9.92		3 Social security wages 160.00		4 Social security tax withheld 9.92	
5 Medicare wages and tips 160.00		6 Medicare tax withheld 2.32		5 Medicare wages and tips 160.00		6 Medicare tax withheld 2.32	
a Control Number 002593	Dept. WNX	Corp.	Employer use only 16809	a Control Number 002593	Dept. WNX	Corp.	Employer use only 16809
c Employer's name, address, and ZIP code SAL-A PORT WASHINGTON UFSD 100 CAMPUS DRIVE PORT WASHINGTON, NY 11050				c Employer's name, address, and ZIP code SAL-A PORT WASHINGTON UFSD 100 CAMPUS DRIVE PORT WASHINGTON, NY 11050			
b Employer's FED ID number 11-6001994		d Employee's SSA number [REDACTED]		b Employer's FED ID number 11-6001994		d Employee's SSA number [REDACTED]	
7 Social security tips		8 Allocated tips		7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits		9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a		11 Nonqualified plans		12a	
14 Other		12b		14 Other		12b	
		12c				12c	
		12d				12d	
		13 Stat emp. Ret. plan 3rd party sick pay				13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code JAMES M MALONEY 33 BAYVIEW AVENUE PORT WASHINGTON, NY 11050				e/f Employee's name, address and ZIP code JAMES M MALONEY 33 BAYVIEW AVENUE PORT WASHINGTON, NY 11050			
15 State NY	Employer's state ID no. 116001994	16 State wages, tips, etc. 160.00		15 State NY	Employer's state ID no. 116001994	16 State wages, tips, etc. 160.00	
17 State income tax		18 Local wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name		19 Local income tax		20 Locality name	
NY State Filing Copy W-2 Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.				City or Local Filing Copy W-2 Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return.			

Copy 2 To Be Filed With Employee's State City, or Local Income Tax Return		2002	OMB No. 1545-0008
a Control number	1 Wages, tips, other comp 160.00	2 Federal income tax withheld	
SAL-A -	3 Social security wages 160.00	4 Social security tax withheld 9.92	
b Employer ID number	5 Medicare wages and tips 160.00	6 Medicare tax withheld 2.32	
116001994	c Employer's name, address, and ZIP code PORT WASHINGTON UFSD 100 CAMPUS DRIVE PORT WASHINGTON NY 11050		
d Employee's social security number [REDACTED]			
e Employee's name, address, and ZIP code JAMES M MALONEY 33 BAYVIEW AVENUE PORT WASHINGTON NY 11050			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst for box 12	
13 Stat employee	14 Other	12b Code	
Retirement Plan		12c Code	
Third-party sick pay		12d Code	
NY	160.00	17 State income tax	
15 State Employer's state ID no.	16 State wages, tips, etc.	18 Local wages, tips, etc.	
	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

PORT WASHINGTON UFSD

143168

100 CAMPUS DRIVE
PORT WASHINGTON, NY

DATE: 11/26/03

Employee Name	Employee Number	SSN	Pay Period	Building	Ref#
JAMES M MALONEY	2593		11/16/03 - 11/30/03	SAL-A	143168
Earnings	Units	Rate	Current Pay Period	Cal Year To Date	Fis Year To Date
REG PAY	8.00	20.00	160.00	160.00	160.00
Totals			160.00	160.00	160.00

Deductions	Current Pay Period	Cal Year To Date	Fis Year To Date	Deductions	Current Pay Period	Cal Year To Date	Fis Year To Date
FICA	9.92	9.92	9.92	MEDI	2.32	2.32	2.32
FEDERAL	0.00	0.00	0.00	STATE	0.00	0.00	0.00
CITY	0.00	0.00	0.00				
Totals					12.24	12.24	12.24

Exemptions	Additional Withholdings	Retirement Sys	No.	Tier	Contract
FED: S03	0.00				
STATE: S00	0.00				0.00
CITY:	0.00				

Check Totals	Gross Pay	Deductions	Net Pay	Direct Deposit	Check Amount
	160.00	12.24	147.76	0.00	147.76

NO. 176288

PORT WASHINGTON UFSD

100 CAMPUS DRIVE
PORT WASHINGTON, NY 11050

DATE: 04/22/05

Employee Name	Employee Number	SSN	Pay Period	Building	Ref#
JAMES M MALONEY	2593		04/16/05 - 04/30/05	SAL-A	176288
Earnings	Units	Rate	Current Pay Period	Cal Year To Date	Fis Year To Date
REG PAY	8.00	20.00	160.00	160.00	160.00
Totals			160.00	160.00	160.00

Deductions	Current Pay Period	Cal Year To Date	Fis Year To Date	Deductions	Current Pay Period	Cal Year To Date	Fis Year To Date
FICA	9.92	9.92	9.92	MEDI	2.32	2.32	2.32
FEDERAL	0.00	0.00	0.00	STATE	0.00	0.00	0.00
CITY	0.00	0.00	0.00				
Totals				12.24 12.24 12.24			

Exemptions	Additional Withholding	Retirement Sys	No. Tier	Contract
FED: S03	0.00			0.00
STATE: S00	0.00			
CITY:	0.00			

	Gross Pay	Deductions	Net Pay	Direct Deposit	Check Amount
Check Totals	160.00	12.24	147.76	0.00	147.76

PORT WASHINGTON UFSD

NO. 198231

100 CAMPUS DRIVE
PORT WASHINGTON, NY 11050

DATE: 04/28/06

Employee Name	Employee Number	SSN	Pay Period	Building	Ref#	
JAMES M MALONEY	2593		04/16/06 - 04/30/06	SAL-A	198231	
Earnings		Units	Rate	Current Pay Period	Cal Year To Date	Fis Year To Date
REG PAY		8.00	20.00	160.00	160.00	160.00
			Totals	160.00	160.00	160.00

Deductions	Current Pay Period	Cal Year To Date	Fis Year To Date	Deductions	Current Pay Period	Cal Year To Date	Fis Year To Date
FICA	9.92	9.92	9.92	MEDI	2.32	2.32	2.32
FEDERAL	0.00	0.00	0.00	STATE	0.00	0.00	0.00
CITY	0.00	0.00	0.00				
				Totals	12.24	12.24	12.24

Exemptions	Additional Withholding	Retirement Sys	No.	Tier	Contract
FED: S3	0.00				0.00
STATE: S0	0.00				
CITY: 0	0.00				

	Gross Pay	Deductions	Net Pay	Direct Deposit	Check Amount
Check Totals	160.00	12.24	147.76	0.00	147.76

EXHIBIT 5



SCOPE

Education Services

For America's Best Schools
"A Cooperative Effort
Serving Long Island
Education Since 1964"

Operations Center
100 Lawrence Avenue
Smithtown, NY 11787

Dr. Joseph J. Del Rosso
Executive Director

(631) 360-0800 Phone
(631) 360-3882 Fax
www.scopeonline.us

May 2006

Dear Instructor/Potential Instructor:

By way of introduction, SCOPE Education Services, a not for profit organization chartered by the New York State Board of Regents to provide services to school districts, will be running the Port Washington Community Education Program this Fall.

In this regard, please find enclosed a letter with information required from you at this time. Also, please include a description of your workshop(s) as well as a brief bio and your fee.

Thanking you in advance for your cooperation, we look forward to working with you in the near future.

Sincerely,

Betty Kauffman
Manager
School Satellite Programs
631-360-0800, ext. 131
bkauffman@scopeonline.us



SCOPE

Education Services

For America's Best Schools

"A Cooperative Effort

Serving Long Island

Education Since 1964"

Operations Center
100 Lawrence Avenue
Smithtown, NY 11787

Dr. Joseph J. Del Rosso
Executive Director

(631) 360-0800 Phone

(631) 360-3882 Fax

www.scopeonline.us

May 2006

James Maloney
PO Box 551
Port Washington NY 11050

RE: SCOPE Community Education Programs – Fall 2006

Dear Instructor/Potential Instructor:

We are currently setting up our Adult Education Programs for the Fall 2006 Semester. In this regard, would you kindly let us know in the space below which course(s) you would like to teach this Fall and at which districts. We offer courses in Manhasset (M), Port Washington (PW), Seaford (S), Hauppauge (H), Eastport (E) and potentially Islip (I). Upon receipt of this information, we will forward the appropriate employment paperwork. **Please respond no later than June 9, 2006.** If you are not interested in teaching, please state so. The scheduled days for the Fall are Tuesdays, Wednesdays and Thursdays, except Port Washington which will run Monday thru Thursday between the hours of 6:00pm and 10:00pm, starting the first week of October, 2006. If you have taught your course on other days at special hours in the past, please note so. Schools are closed October 2nd and 9th. I have enclosed a self-addressed envelope for your convenience.

District(s) (M, PW, S, H, E, I)	Course Name	Start Date	Day(s) of Week (M,T,W, Th)	Course Time (e.g. 7pm – 9pm)	Total Number of Sessions

We are always looking for new programs. If you know of anyone wishing to teach a course or craft, please have them contact us at 631-360-0800, ext 131.

Sincerely,

Betty Kauffman
Manager, School Satellite Programs

EXHIBIT 6



SCOPE

Education Services

For America's Best Schools
"A Cooperative Effort
Serving Long Island
Education Since 1964"

Operations Center
100 Lawrence Avenue
Smithtown, NY 11787

Dr. Joseph J. Del Rosso
Executive Director

(631) 360-0800 Phone
(631) 360-3882 Fax
www.scopeonline.us

June 2006

Dear Instructor:

Thank you for your offer to teach at our Continuing Education Programs this fall. We have enclosed paperwork that is necessary to be filled out and returned to our office no later than June 19, 2006.

Once all paperwork is received, we will forward an agreement for your signature and acceptance.

We look forward to your working with SCOPE as part of our Continuing Education Programs. If you have any questions, please do not hesitate to contact my office at (631) 360-0800, Ext. 131

Sincerely,

Betty Kauffman
Manager
School Satellite Programs

Enc.

EXHIBIT 7

SCOPE EDUCATION SERVICES

**100 Lawrence Avenue
Smithtown, New York 11787**

Affidavit

State of New York)
) ss.:
County of Suffolk)

_____, being duly sworn, deposes and says:

I, _____, swear and affirm under penalty of perjury, that the information submitted on this Affidavit is accurate and true:

1. I have been known by no name other than _____ for the last ten years.
2. I currently reside at:
Street _____
City _____ State _____ Zip Code _____

I have resided at the above address for _____ months/years (circle one).

I previously resided at:
Street _____
City _____ State _____ Zip Code _____

I have previously resided at the above address for _____ months/years (circle one).

Telephone Number: () _____

3. Date of Birth: ____/____/____
4. I have applied for employment with SCOPE Education Services (SCOPE) for the employment position of _____ and hereby understand that SCOPE will conduct an investigation and undertake a criminal history background check to determine whether I have any criminal record for purposes of my employment with SCOPE.
5. I herewith authorize SCOPE, its members, officers, agents, employees, licensors and contractors to conduct an investigation of my personal records, including criminal (arrest and conviction) records, if any, and professional background in connection with my application for employment as _____.

6. I understand that the New York State Department of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) will conduct a criminal history background check to determine whether I have any criminal record and will evaluate that record. I further understand that the DCJS and the FBI will issue criminal history background reports to SCOPE and/or its representative, which may then be shared with the _____.
(School District)
7. I make this Affidavit in consideration of SCOPE conditionally employing me in the interim between the execution of this Affidavit and the issuance of a criminal history background report for my employment with SCOPE.
8. I understand that if I have been convicted of a criminal offense or if any criminal charges are pending against me, my employment with SCOPE may be immediately terminated until the criminal background check has been completed and a determination has been made by SCOPE that my criminal record does not disqualify me from the employment that I am currently seeking with SCOPE.
9. I hereby attest and affirm that I have not been convicted of any criminal offense that would disqualify me from employment.
10. I hereby attest and affirm that there are no criminal actions pending against me that could disqualify me from employment.
11. I understand that any omission and/or misstatement of material facts may result in the immediate termination of my employment and will be incorporated into my record for review in connection with any future application to SCOPE.
12. I hereby agree to hold SCOPE, its members, officers, agents, employees, licensors and contractors harmless with respect to any and all claims for personal injury, damages, or expenses which I may otherwise have claimed to have suffered relating to, or arising from any act of SCOPE, its members, officers, agents, employees, licensors and contractors in connection with consideration of my application for employment, investigation of my background and credentials (including criminal – arrest and conviction – records, if any), and/or rejection of my application for employment.

WARNING

The information contained on this Affidavit is sworn and attested to under penalty of perjury. I acknowledge that any knowingly false statement contained herein constitutes a "Class A" misdemeanor. A "Class A" misdemeanor is punishable by six (6) months in prison or a fine up to \$1,000.00.

Applicant (Sign name in Full)

Sworn to before me this
_____ day of _____ 20__

Date: _____

Notary Public