



ERIC L. ADAMS
Brooklyn Borough
President

Brooklyn Community Board Membership Application

APPLICATION DEADLINE: February 15, 2019

NOTE TO APPLICANTS: You must be a New York City resident to serve on a community board. To qualify for a particular board, you must live, work in, or have a professional or other significant interest in that board's district. Please type or print clearly in ink. Do not leave any areas blank. If questions do not apply, indicate "N/A" or draw a slash through the section. Please note that the Freedom of Information (FOI) law may allow for public review of this application upon request.

Please return via email to CBapplication@brooklynbp.nyc.gov, via fax (718-802-3959), or via mail to: Brooklyn Borough Hall, ATTN: Community Board Applications, 209 Joralemon Street – Room 120, Brooklyn, NY 11201.

NEW APPLICATION **REAPPOINTMENT** **BOARD NUMBER** _____

MR DR
 MS OTHER **NAME:** _____
 MRS _____ (First) (Middle) (Last)

HOME ADDRESS _____ **APT. NO.** _____

CITY _____ **STATE** _____ **ZIP** _____

CELL NO. () _____ **HOME NO.** () _____ **WORK NO.** () _____

EMAIL: _____

LIVE IN DISTRICT *WORK IN DISTRICT *PROFESSIONAL/SIGNIFICANT INTEREST

* Please describe: _____

EMPLOYER _____ **YEARS WITH EMPLOYER** _____

YOUR TITLE/POSITION _____

EMPLOYER ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____

NOTE TO APPLICANTS: Conflicts of Interest Board rulings require that applicants disclose whether they or their employers derive any income representing clients before the community board (i.e. attorneys, architects, consultants, etc.). These rulings do not automatically exclude one from board membership, but the information is essential.

HAVE YOU ATTENDED A MEETING OF THIS COMMUNITY BOARD IN THE PAST YEAR? YES NO

ARE YOU CURRENTLY SERVING (or have you previously served) AS A MEMBER OF A COMMITTEE OF THIS COMMUNITY BOARD? YES NO If so, please list committee(s) _____

COMMUNITY ACTIVITIES

LIST ALL CIVIC AND COMMUNITY ORGANIZATIONS, NEIGHBORHOOD ASSOCIATIONS AND/OR ANY OTHER GROUPS.
 (Please indicate if you hold any executive positions, including board of directors.)

ORGANIZATION	DATES	TITLES	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE STATE WHY YOU BELIEVE YOU WOULD BE AN EFFECTIVE COMMUNITY BOARD MEMBER AND PROVIDE ANY ADDITIONAL INFORMATION YOU BELIEVE WOULD BE USEFUL IN CONSIDERING YOUR APPLICATION. (A resume or current biography may be attached to this application.)

REFERENCES

NAME	TELEPHONE	AFFILIATION/RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

I affirm that I am a New York City resident and that I am at least 16 years of age. I am not employed by a Council Member whose district covers parts of this community board district, or by the Brooklyn Borough President. I am not employed by the State or City of New York in a position at or above the level of Assistant Commissioner or have secured a mayoral waiver allowing me to serve on a community board and have affixed a copy hereto. **I HEREBY AFFIRM THAT ALL THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

PRINT NAME _____ **SIGNATURE** _____ **DATE** _____

*** ARE YOU A MINOR UNDER 18 YEARS OLD?** YES NO ***Under 18 (please check one)** 16 17

OPTIONAL: The following information is requested to help ensure that community board composition adequately reflects the demographics of the area served. You are not required to answer these questions, but your response will help us ensure diverse and inclusive community boards.

Month of Birth: _____ ***Under 18 (please check one)** 16 17 18-24 25-44 45-64 65+

Which of these best describes your gender? Female Male Transgender Other

Which of the following best describes how you identify? You may check multiple boxes.

- African American/ Black Asian American / Pacific Islander Caribbean/West Indian Caucasian / White
- Latino(a) / Hispanic Native American / American Indian South Asian Other

Do you have any disabilities? Yes No. **If yes, what type of disability?** _____