Brooklyn Community Board Membership Application

APPLICATION DEADLINE: February 12, 2021

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 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 ☐ MRS ☐ OTHER NAME: ____________________________ ____________________________ ____________________________

(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.)

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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

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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 I 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__________

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? ________________________________