



**ERIC ADAMS**  
Brooklyn Borough  
President

# 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](mailto: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                      **NAME:** \_\_\_\_\_  
 MS     OTHER                      (First)    (Middle)    (Last)  
 MRS    \_\_\_\_\_

**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 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** \_\_\_\_\_

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**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?** \_\_\_\_\_