



ERIC L. ADAMS
BROOKLYN BOROUGH PRESIDENT
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Brooklyn, NY 11201
(718) 802-3700

Office Use Only
Council District # _____
Date Received _____
Date Input _____

**APPLICATION FOR MEMBERSHIP RE-APPOINTMENT ON
COMMUNITY BOARD NO. _____**

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.

THIS APPLICATION MUST BE NOTARIZED AND RETURNED BY MAIL. DO NOT FAX OR EMAIL.

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.

The Freedom of Information (FOI) law may allow for public review of this application upon request.

CONTACT INFORMATION

Mr. Ms. Mrs. Dr. Other _____

NAME: _____
(First) (Middle) (Last)

HOME ADDRESS (INCLUDE APT. NO.) _____

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

PHONE: **Home** () _____ **Mobile** () _____
 Work () _____ **Fax** () _____

EMAIL: _____

EMPLOYMENT INFORMATION

EMPLOYER _____

YOUR TITLE/POSITION _____
(Retired/Unemployed/etc.)

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

TELEPHONE () _____ **YEARS WITH EMPLOYER** _____

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.

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 is required. Attach to this application.)

COMMUNITY INTEREST (check all that apply)

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

* Please describe: _____

NEIGHBORHOOD OF INTEREST _____

HAVE YOU ATTENDED COMMUNITY BOARD MEETINGS CONSISTENTLY IN THE PAST YEAR?

YES NO If no, please explain: _____

ON WHICH COMMITTEES HAVE YOU SERVED AS A CHAIR/MEMBER? (Please list committee and position)

REFERENCES

NAME _____ ADDRESS _____

TELEPHONE (_____) _____ AFFILIATION/RELATIONSHIP _____

NAME _____ ADDRESS _____

TELEPHONE (_____) _____ AFFILIATION/RELATIONSHIP _____

NAME _____ ADDRESS _____

TELEPHONE (_____) _____ AFFILIATION/RELATIONSHIP _____

IDENTIFICATION AND STATEMENT

I (check one) **HAVE NEVER** **HAVE** been convicted of a misdemeanor or felony. (If you have, describe and explain on a separate sheet of paper and attach it to this application.)

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 affirm that I am a New York City resident and that I am at least 16 years of age.

I HEREBY AFFIRM THAT ALL THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PRINT NAME _____

SIGNATURE _____

DATE _____

Sworn to before me this _____ day of _____, 20_____

NOTARY PUBLIC or
COMMISSIONER
OF DEEDS _____

The following sections are 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: _____

Age Range: Under 18 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.

<input type="checkbox"/> African American/Black	<input type="checkbox"/> Asian American/Pacific Islander
<input type="checkbox"/> Caribbean/West Indian	<input type="checkbox"/> Caucasian/White
<input type="checkbox"/> Latino(a)/Hispanic	<input type="checkbox"/> Native American/American Indian
<input type="checkbox"/> South Asian	<input type="checkbox"/> Other

Do you have any disabilities? If yes, what type of disability?

Is there anything else you would like our office to know about how you self-identify?

If re-appointed, in which of the following substantive areas of activity would you prefer to be involved? (Order preferences with 1 being the highest)?

_____ Housing	_____ Planning & Zoning	_____ Education
_____ Transportation	_____ Health & Hospital	_____ Finance & Budget
_____ Sanitation	_____ Parks & Recreation	_____ Public Safety
_____ Arts & Culture	_____ Senior Citizen Affairs	_____ Environment & Ecology
_____ Consumer Affairs		
_____ Other (please specify):		