



Community Board 12M

530 West 166th St. 6th Floor– New York, NY 10032

Phone (212) 568-8500 Fax (212) 740-8197

www.nyc.gov/mcb12

Richard R. Lewis, Chairperson
Ebenezer Smith, District Manager

PUBLIC MEMBER – APPLICATION (01/2019)

(Please select a minimum of three committees that may be of interest to you)

- Traffic & Transportation- **1st Monday**
- Business Development-**1st Tuesday**
- Parks & Cultural Affairs -**2nd Tuesday**
- Land Use – **1st Wednesday**
- Public Safety -**1st Wednesday**
- Health & Environment – **1st Thursday**
- Housing & Human Services -**1st Thursday**
- Youth & Education- **2nd Monday**
- Aging (*meeting begins at 10am*) -**1st Thursday**
- Licensing - **2nd Wednesday**
- Board Task Force (**occasional meetings**)

All committee meetings begin at 7:00 p.m. Except for Committee for the Aging which begins at 10 am and Parks & Cultural Affairs and Licensing which begins at 6:30 pm.

PERSONAL INFORMATION

Name: _____

Home Address: _____

Telephone (Home) _____ Telephone (Work) _____

Telephone (Mobile) _____ E-mail _____

Residence is:

Rental (Subsidized/Regulated) Rental (Market Rate)

Public Housing Condo/Co-op Private Home

Length of time residing in New York City:

Which neighborhood do you reside in? (Please be specific.)



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COMMUNITY BOARD INTEREST

Please check all that apply:

- Live in the district Work in the district Own a business in the district

Other significant interest (please specify)

Have you ever been a board or public member of Community Board 12, M? Yes No

If yes, please identify your time of service and which committees

Please check all that apply. In the past twelve months, I have:

- Attended one or more Community Board 12, M meetings
 Reviewed Community Board 12's Statement of District Needs or a Board Resolution
 Reviewed information about community boards on the Manhattan Borough President's website
 Reviewed information on Community Board 12, Manhattan's website

Please describe your experience of the above. What did you learn?

Describe ways in which you are making / have made contributions Washington Heights & Inwood. What do you think are the three most pressing issues facing Washington Heights & Inwood?

What do you hope to accomplish by serving on the community board as public member?



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EMPLOYMENT / AFFILIATIONS

Retired Unemployed Self-employed NYC Government

Profession / Occupation:

Employer: _____

Title / Position: _____

Business

Address: _____

Please list current and past civic, unions, fraternal/sororal, and non-profit organizations in which you are / have been active.

Name of Organization	Dates of service	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To the best of your knowledge, are you employed by, or a member of, any entity (e.g. business or non-profit) with proposals, programs, requests, business, applications, licenses, or any other matters which may come before a community board for review, funding, support, or approval during the next two years? Yes No

If yes, please list the name of the entity and describe the nature of the interest.

EDUCATION

Highest degree received: _____

School: _____

Year: _____



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DEMOGRAPHICS (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 a diverse and inclusive community board.

Date of Birth: _____
Month, Day, Year

Which of these best describes your gender?

Female Male Transgender Other: _____

Which of the following best describes how you identify? (Check all that apply)

- African American/ Black
- South Asian
- European/ White
- Native American
- Prefer not to answer

- Caribbean/ West Indian
- LGBTQIA
- Latino(a) / Hispanic
- Person with a disability
- Veteran

- East Asian/ Pacific Islander
- Parent with aK-12 child
- Middle Eastern
- Immigrant
- Other: _____

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

REFERENCES:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide any additional information you believe would be useful in considering your application. A resume or CV is required.



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AFFIRMATION

If appointed, I understand that public members are appointed to a committee or a task force by the Board Chairperson for a term of one year and re-appointment interviews or reapplication will be conducted at the end of each year.

I recognize that public membership requires my regular attendance and participation at meetings of the committee(s) or task force(s) that I am appointed to and further understand that failure to do so may be cause for my removal.

I understand that my voting and speaking privileges as a public member are limited only to business before and at the committee(s) or task force(s) meetings that I am appointed to.

I understand that public members serve at the pleasure of the Board Chairperson and may be removed by the Board Chairperson at any time without a due process for removal.

I understand that I am not authorized to speak for Community Board 12, Manhattan as a spokesperson, unless requested by the Board Chairperson.

I understand that it is my responsibility to notify Community Board 12, Manhattan of any changes in residence, business, health, or any factor that could affect my continue participation or contacts with city or elected officials.

I am willing to make this commitment of time and effort to serve my community voluntarily, conscientiously and understand such service is without pay.

In addition, I agree to abide by all New York City Conflicts of Interest laws.

I hereby certify that all information in this application is complete, truthful, and accurate to the best of my knowledge. I hereby authorize the office of Community Board 12, Manhattan to verify the accuracy of the foregoing statements and representation and to cooperate with said office in any verification or clarification efforts.

If appointed I shall abide by all Community Board 12, Manhattan by laws

I have read, understood and agree to this affirmation.

Print Name: _____ Signature: _____

Date: _____

Please mail or deliver your original signed application to:

530 West 166th St. 6th Floor– New York, NY 10032

Attn: Board Chairperson