



SHARON LEE
PRESIDENT
VICKY MORALES CASELLA
CHIEF OF STAFF

1-718-286-2900
Fax: 1-718-286-2916

CITY OF NEW YORK
OFFICE OF THE
PRESIDENT OF THE BOROUGH OF QUEENS
120-55 QUEENS BOULEVARD
KEW GARDENS, NEW YORK 11424

FOR OFFICE USE ONLY!

Community Board #: _____

Last Name: _____

Council District: _____

NEW or RENEWAL
PLEASE CIRCLE ONE

COMMUNITY BOARD MEMBERSHIP APPLICATION

(Please note: You must be a New York City resident to qualify for a particular board and you must live, work, or have a professional or other significant interest in that board's district. Additionally, the Freedom of Information Law (FOIL) may allow for public review of this application upon request; therefore some information given on this document may be subject to disclosure under FOIL. Please print or type clearly and do not leave any areas blank. If a question does not apply, please indicate by writing "N/A" in the space provided.)

I am applying for membership on Community Board # _____

CONTACT INFORMATION

NAME: Mr. Ms. _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

HOME TELEPHONE: _____ DATE OF BIRTH: _____

CELL PHONE: _____ E-MAIL: _____

DISTRICT INFORMATION

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

* Please describe:

EMPLOYMENT INFORMATION

(If present employment is less than one year, please provide previous employment as well)

Please note: 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 a review of this information is essential.

CURRENT EMPLOYER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE: _____ POSITION: _____ DATES: _____

CELL PHONE: _____ E-MAIL: _____

IF RETIRED, PLEASE CHECK:

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

If yes, please identify the entity and the nature of the interest:

EDUCATIONAL BACKGROUND

(List most advanced degree received first)

SCHOOL: _____ DEGREE: _____ DATE REC'D.: _____

SCHOOL: _____ DEGREE: _____ DATE REC'D.: _____

SCHOOL: _____ DEGREE: _____ DATE REC'D.: _____

CHARACTER REFERENCES

NAME: _____ ADDRESS: _____ TELEPHONE: _____

NAME: _____ ADDRESS: _____ TELEPHONE: _____

OPTIONAL: The following information is requested to help ensure that community boards are diverse, inclusive, and representative. Please note that you are not required to answer these questions.

Gender: _____ Female _____ Male _____ Transgender _____ Gender non-conforming _____ other:

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

Which of the following best describes how you identify? Select all that apply

African American/ Black
 Caribbean/West Indian
 East Asian / Pacific Islander
 South Asian
 Asian American
 Latino(a) / Hispanic
 European / White
 LGBTQ
 Native American / American Indian
 Middle Eastern
 Veteran
 Parent with a K-12 Child
 Person with a disability
 Immigrant
 other

Language(s) Spoken: _____

CERTIFICATION STATEMENT

I affirm that I am not employed by the Queens Borough President or by a City Council Member who may make recommendations for appointment to the Community Board to which I am applying. I am not employed by the State or City of New York in a position at or above the level of Assistant Commissioner (or equivalent title). If employed in such a capacity, I have secured a mayoral waiver allowing me to serve on a Community Board and have attached a copy to this application. If I am employed by the City of New York in any capacity, I have clearly indicated this in the Employment section of this application. I am a New York City resident above the age of 16 who lives, works, attends school, or otherwise has a significant interest in the district of the Community Board to which I am applying. If appointed, I understand it is my responsibility to notify the Office of the Queens Borough President of any changes in residence, employment, school enrollment, or any other factor that would affect my eligibility for Community Board membership. I am fully aware that Community Board membership requires my regular attendance and participation at Board meetings, meetings of committees to which I will be assigned, and public hearings that maybe convened. Excessive absences will constitute cause for my removal from the Community Board. I am both willing and able to make this commitment of time and effort to serve my community. I agree to abide by all New York City Conflict of Interest laws and rules. In all my Community Board activities, I will seek to adhere to the principles of good government, honesty, accountability, and the avoidance of conflicts of interest, both perceived and actual. I hereby affirm that all information in this application is complete, truthful, and accurate to the best of my knowledge. I hereby authorize the Office of the Queens Borough President to take reasonable and necessary steps to verify the accuracy of the foregoing statements and representations. I further agree to cooperate with said Office in any verification efforts. I have read and agree to the Certification Statement.

I HEREBY ATTEST THAT ALL THE ABOVE INFORMATION IS TRUE AND ACCURATE

SUBSCRIBED AND ATTESTED TO
 BEFORE ME THIS _____ DAY OF
 _____, 201 _____

 SIGNATURE OF APPLICANT

 NOTARY PUBLIC

 COUNCIL MEMBER'S SIGNATURE

INSTRUCTIONS:

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION - IF A QUESTION DOES NOT APPLY, INDICATE N/A IN THE SPACE PROVIDED.

IF YOU ARE AN EMPLOYEE OF THE CITY OF NEW YORK, PLEASE PROVIDE FULL NAME OF AGENCY.

ALL APPLICATIONS MUST BE NOTARIZED.

ONLY ORIGINAL APPLICATIONS WILL BE ACCEPTED FOR CONSIDERATION. APPLICATIONS FAXED OR E-MAILED WILL NOT BE CONSIDERED.

NOTE:

IF APPOINTED, YOU MAY BE SUBJECT TO INVESTIGATION BY THE NEW YORK CITY DEPARTMENT OF INVESTIGATION (D.O.I.). FAILURE TO COMPLY WITH A LAWFUL REQUEST FOR INFORMATION FROM D.O.I. WILL CONSTITUTE CAUSE FOR REMOVAL FROM THE COMMUNITY BOARD.

UPON COMPLETION, RETURN TO:

VICKY MORALES CASELLA,
CHIEF OF STAFF
120-55 Queens Boulevard, Room 219
Kew Gardens, New York 11424

Upon receiving your application, the Queens Borough President's Office may contact you regarding the next steps in the process. Please note that all applicants, including current Board members, are required to complete the entire application. Thank you for your interest in serving and representing your neighborhood!