



# COMMUNITY BOARD ELEVEN

BOROUGH OF MANHATTAN  
1664 PARK AVENUE  
NEW YORK, NEW YORK 10035  
TEL: (212) 831-8929/30  
FAX: (212) 369-3571  
[www.cb11m.org](http://www.cb11m.org)

Nilsa Orama  
**Chair**

Angel D. Mescain  
**District Manager**

## PUBLIC MEMBER – APPLICATION (rev. 8/2014)

I am applying for Public Membership on the following committee(s) of Community Board 11.

- Housing** (1<sup>st</sup> Tuesday, 6:00 p.m.)
- Public Safety & Transportation** (1<sup>st</sup> Tuesday, 7:00 p.m.)
- Licenses & Permits** (1<sup>st</sup> Wednesday, 6:00 p.m.)
- Health, Human Services, Immigration & Seniors** (2<sup>nd</sup> Monday, 6:00 p.m.)
- Youth & Education** (2<sup>nd</sup> Tuesday, 6:00 p.m.)
- Economic Development, Culture & Tourism** (2<sup>nd</sup> Tuesday, 7:00 p.m.)
- Land Use, Landmarks & Planning** (2<sup>nd</sup> Wednesday, 6:00 p.m.)
- Environment, Open Space & Parks** (2<sup>nd</sup> Thursday, 6:00 p.m.)

Public members of committees serve at the pleasure of the Board Chairperson, in consultation with the respective committee chairperson, and, as such, may be removed without a due process for removal. If a public member does not attend five of their assigned committee meetings in a 12 month period, that public member shall be removed from their assigned committee.

## PERSONAL INFORMATION

\_ **Mr.** \_ **Dr.** \_ **Ms.** \_ **Mrs.** \_ **Other** \_\_\_\_\_  
(Please check one)

**Name:** \_\_\_\_\_  
*First, Middle, Last*

**Home:** \_\_\_\_\_  
*Street, Apt. #, City/State, Zip Code*

### Residence is:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Public Housing                 | <input type="checkbox"/> Mitchell-Lama | <input type="checkbox"/> Rental (Market Rate) |
| <input type="checkbox"/> Rental (Controlled/Stabilized) | <input type="checkbox"/> Co-Op         | <input type="checkbox"/> Condo                |
| <input type="checkbox"/> Other _____ (Please Specify)   |  |   |

**CONTACT INFORMATION**

Telephone (Home) \_\_\_\_\_ Telephone (Work) \_\_\_\_\_  
Telephone (Mobile) \_\_\_\_\_ Email \_\_\_\_\_

Length of time residing in New York City: \_\_\_\_\_

Which neighborhood do you reside in? (Please be as specific as possible.)  
\_\_\_\_\_

**EMPLOYMENT**

Retired  Unemployed  Self-employed  NYC Government

Profession / Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

*Street Suite/Floor City/State Zip Code*

**DEMOGRAPHICS**

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.

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? (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
- Lesbian/Gay/Bisexual/Transgender

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

\_\_\_\_\_  
\_\_\_\_\_

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 the nature of the interest.

\_\_\_\_\_  
*Entity Address, Interest*

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**EDUCATION**

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**Most advanced degree received:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Year:** \_\_\_\_\_

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**COMMUNITY BOARD INTEREST**

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**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 member of a community board?**       Yes       No

**If yes, please specify the borough, the community board, and the dates of service.**

\_\_\_\_\_  
\_\_\_\_\_

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

**Name of Organization, Dates, Title**

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

- Attended a community board meeting
- Attended a Community Board 101 presentation
- Reviewed the information about community boards on the Manhattan Borough President's website.
- Reviewed information on Manhattan Community Board 11's website

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe ways in which you are making / have made contributions to your community.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What do you think are the three most pressing issues facing East Harlem**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please note that applicants are strongly encouraged to attend several community board meetings before submitting their application. Manhattan Community Board 11 is looking for applicants with histories of involvement in their communities, expertise and skills that are helpful to community boards, attendance at community board meetings, and knowledge of the issues in their community.**

**What do you hope to accomplish by serving on the community board?**

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**REFERENCES**

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<b>Name</b>	<b>Phone</b>	<b>Relation to You</b>
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<hr/>	<hr/>	<hr/>

**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**

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**If appointed, I understand it is my responsibility to notify Manhattan Community Board 11 of any changes in residence, business, or any factor that would affect my membership.**

**I recognize that community board public membership requires my regular attendance and participation at meetings of committees I will be assigned to. Failure to do so may be cause for my removal.**

**I am willing to make this commitment of time and effort to serve my community conscientiously. 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.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Please mail or deliver your original signed application with supporting documentation to: **Manhattan Community Board 11, Attn: Board Chairperson, 1664 Park Avenue, New York, NY 10035. Only completed applications will be processed.***

**For Office Use Only – Do Not Write below This This Line**

Applicant Name: \_\_\_\_\_

Received on: \_\_\_\_\_  
date

Reviewed by: \_\_\_\_\_ (initial)

- Complete
- Incomplete

Referred to Board Chair: \_\_\_\_\_  
date

Approved (date):

Applicant Notified (date):

Committee Assignment(s):

- 1.
- 2.
- 3.
- 4.

Removal (date): \_\_\_\_\_

Reason/Notes:

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