



CB11M

EAST HARLEM

Adem Brija
Chair

Angel D. Mescaín
District Manager

Public Membership Application (rev 2-29-24)

Public members are appointed to serve on committees by the Board Chairperson, in consultation with the respective committee chairperson. Public members serve at the pleasure of the Board Chairperson and may be removed without due process for removal. Public members are required to comply with CB11's attendance requirements to remain eligible for membership.

APPLICANT CONTACT INFORMATION AND ELIGIBILITY

First Name: _____ **Last Name:** _____

Home Address: _____
City State Zip Code

Primary Number: _____ **Primary Email:** _____

Emergency Contact: _____
Name Phone

I am applying for Public Membership on the following committee(s):

- Housing
- Public Safety & Transportation
- Licenses & Permits
- Environment, Open Space & Parks
- Human Services
- Youth & Education
- Economic Development & Culture
- Land Use, Landmarks & Planning
- District Needs & Budget

I am eligible to serve on this Community Board because: (select all that apply):

- I live in the district
- I work in the district
- I own a business in the district
- I attend school in the district

I have a significant interest in the district (please explain below):

In which Community Board district do you live??

- | | |
|-------------------------------|---|
| <input type="checkbox"/> CB 1 | <input type="checkbox"/> CB 7 |
| <input type="checkbox"/> CB 2 | <input type="checkbox"/> CB 8 |
| <input type="checkbox"/> CB 3 | <input type="checkbox"/> CB 9 |
| <input type="checkbox"/> CB 4 | <input type="checkbox"/> CB 10 |
| <input type="checkbox"/> CB 5 | <input type="checkbox"/> CB 11 |
| <input type="checkbox"/> CB 6 | <input type="checkbox"/> CB 12 |
| | <input type="checkbox"/> Outside of Manhattan |

In which neighborhood do you reside? : _____

How many years have you lived in New York City? _____

How many years have you lived in the CB district to which you are applying? _____

EMPLOYMENT AND PROFESSIONAL INFORMATION

Primary Residence is:

- | | |
|---|---|
| <input type="checkbox"/> Apartment Rental (Market Rate) | <input type="checkbox"/> Mitchell-Lama Rental |
| <input type="checkbox"/> Co-Op / Condo | <input type="checkbox"/> Own A House |
| <input type="checkbox"/> House Rental (Market Rate) | <input type="checkbox"/> Public Housing / NYCHA |
| <input type="checkbox"/> Limited Equity Co-Op (HDFC) | <input type="checkbox"/> Rent Regulated Apartment |
| <input type="checkbox"/> Live With Family | <input type="checkbox"/> Section 8 |
| <input type="checkbox"/> Mitchell-Lama Co-Op | <input type="checkbox"/> Other: |
-

EMPLOYMENT AND PROFESSIONAL INFORMATION

Employment Status

- | | |
|--|--|
| <input type="checkbox"/> Business Owner | <input type="checkbox"/> Student |
| <input type="checkbox"/> Lobbyist | <input type="checkbox"/> Private Sector |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Union Member | <input type="checkbox"/> Family Manager |
| <input type="checkbox"/> NYC Employee | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> State or Federal Employee | <input type="checkbox"/> Not Working By Choice |
| <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Other |

Profession / Occupation: _____

Employer: _____

Title/Position: _____

Business Address: _____

To the best of your knowledge, are you employed by, or are a member of, any entity (e.g. business or non-profit) 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 (2) years? Please note Conflicts of Interest may occur from time to time, therefore it is required that you disclose and explain below.

- No
- Yes, please explain:

DEMOGRAPHIC PROFILE (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.

Age:

- 16-17 (16 by April 1st)
- 18-19 years old
- 20-29
- 30-39
- 40-49
- 50-59
- 60+
- Prefer No to Answer

Gender Identification:

- Woman
- Man
- Gender Non-conforming
- Prefer Not to Answer

Tell us how you identify. (select all that apply):

- African American / Black
- Caribbean / West Indian
- Latino(a) / Hispanic
- South Asian
- Asian American / Pacific Islander
- Caucasian / White
- Other
- Prefer No to Answer

Education (Select the highest level):

- High School
- Trade or Vocational Degree
- Masters Degree
- Law Degree

- Associates Degree
- Bachelor's Degree

- Medical/Doctoral Degree
- Prefer Not to Answer

COMMUNITY INVOLVEMENT AND ORGANIZATIONAL AFFILIATIONS

Before seeking appointment, applicants are expected and encouraged to attend Community Board meetings, committee meetings, and/or Community Board Leadership trainings conducted by the Office of the Manhattan Borough President.

During the last twelve months, I ... (Please select all that apply):

- Attended several CB11 Full Board meetings
- Attended several CB11 committee meetings
- Served as a Public Member of a committee appointed by the CB11 Board Chair
- Served as a Task Force member appointed by the CB11 Board Chair
- Visited the website of CB11
- Read the CB11 Statement of District Needs
- Participated in the Manhattan Borough President's Community Leadership Training Series
- None of the above

Have you ever been a member of a community board?

- No
- Yes.

If so, please specify the borough, board, and the dates of service:

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.

CERTIFICATION STATEMENT

I am a New York City resident who lives, works, owns a business, attends school, or has some other significant interest in the district of the Community Board to which I am applying. I have accurately indicated my age in this application OR I am over the age of 18. If appointed, I understand it is my responsibility to promptly notify the Chairperson of Manhattan Community Board 11 (CB11M) of any changes in my residence, employment, school enrollment, or any other factor that would affect my eligibility for Community Board membership as outlined in [New York Charter section 2800](#). I UNDERSTAND THAT FAILURE TO DO SO COULD RESULT IN MY REMOVAL FROM THE BOARD.

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 will provide a copy to CB11. If I am employed by the City of New York in any capacity, I have indicated this in the Employment section of this application.

I am fully aware that **public membership requires my regular in-person attendance and participation at meetings of committees to which I will be assigned**. I am both willing and able to make this commitment of time and effort. Excessive absences and/or persistent non-participation in committee meetings WILL CONSTITUTE CAUSE FOR MY REMOVAL FROM THE BOARD.

I agree to abide by all New York City Conflict of Interest laws. 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 CB11M to take all necessary steps to verify the accuracy of the foregoing statements and representations. I further agree to cooperate in any verification efforts.

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 Manhattan Community Board 11 to take all necessary steps to verify the accuracy of the foregoing statements and representations. I further agree to cooperate with said Office in any verification efforts.

- Yes
- No

If appointed, I hereby commit to attending the mandated committee meetings as required by the Manhattan Community Board 11 by-laws.

- Yes
- No

I have read and agree to the Certification Statement.

Signature: _____ Date: _____

Completed applications should be submitted to the Board Chairperson via email to chair@cb11m.org or delivered to the Board Office at the address above.