



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

Katherine Diaz, Chairperson
Ebenezer Smith, District Manager

PUBLIC MEMBER – APPLICATION (01/2023)

(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*) -**2nd Tuesday**
- 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? 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 meetings
- Reviewed Community Board 12's Statement of District Needs
- Reviewed information about community boards on the Manhattan Borough President's website
- Reviewed information on Manhattan Community Board 12'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?



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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)

- | | |
|---|--|
| <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"/> Lesbian/Gay/Bisexual/Transgender |

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

REFERENCES:

Name	Phone	Relation to You
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 privileges as a public member are limited to business before the committee(s) or task force(s) 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.

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

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

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