

Anthony Viola,  
Chairperson



Paola Garcia,  
Assistant District Manager

## Public Member Application 2026

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Committees of Interest (please refer to CB12M's website for schedule)

- Business Development
- Concerns of Aging
- Health & Environment
- Housing & Human Services
- Land Use
- Licensing
- Park & Cultural Affairs
- Public Safety
- Traffic & Transportation
- Youth & Education

### Personal Information

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Residence is:

- Rental (subsidized / regulated)  Rental (market rate)
- Public Housing  Condo / Co-Op  Private Home

Length of time at current residence:

- Washington Heights  Inwood  Other

**Community Board Interest**

(Select all that apply)

Lives in the district  Works in the district  Owns business in the district

Other significant interest (specify): \_\_\_\_\_

Have you ever been an appointed or public member of Community Board 12-Manhattan?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

*Please check all that apply.* In the past 12 months, I have:

- Attended one or more CB12M meetings.
- Reviewed CB12M's Statement of District Needs.
- Reviewed information about community boards on the Manhattan Borough President's website.
- Reviewed information on CB12M's website.

Please describe your experience with the above experiences. What did you learn? Describe ways in which you are making / have made contributions to Washington Heights and Inwood. What do you think are the three most pressing issues facing Washington Heights and Inwood?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to accomplish by serving on CB12M?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment / Affiliations**

I am:

Retired       Unemployed       Self-employed  
 Employed Full-Time       Employed Part-Time       Student

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

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

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

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

*Please list current and past associations with civic groups, unions, and / or non-profit organizations.*

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 programs, proposals, requests, business, applications, licenses, or any other matters which may come before CB12M 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.

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**Education**

Highest degree received: \_\_\_\_\_

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

**Demographics (optional)**

The following information is requested to help ensure that CB12M's 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 CB12M.

Date of Birth: \_\_\_\_\_

Which of these options best describes your gender?

Man    Woman    Transgender    Other:

Which of the following best describes how you identify? *Check all that apply.*

African American / Black    Asian American / Pacific Islander

Caribbean / West Indian    Caucasian / White

Latino(a) / Hispanic    Native American / American Indian

South Asian    LGBTQIA+

Is there anything else you would like to inform about how you self-identify?

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**References**

Name	Phone Number	Relation to You

### Affirmation

If appointed, I understand that public members are appointed by the Chairperson of CB12M for a term of one year and re-appointment interviews or a separate application will be conducted at the end of each year.

I acknowledge 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 in conformance with CB12M's By-laws, 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) that I am appointed to.
- public members serve at the pleasure of the Chairperson and may be removed by the Chairperson at any time without due process for removal.
- I am not authorized to speak for CB12M as a spokesperson, unless requested by the Chairperson.
- it is my responsibility to notify CB12M of any changes in residence, business, health, or any factor that could affect my continued 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.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please email the completed application to cb12m@cb.nyc.gov with a copy to Anthony Viola at aviola@cb.nyc.gov. You may also hand-deliver your application to the CB12M office at 530 W. 166<sup>th</sup> Street.*