Manhattan Borough President Scott M. Stringer
1 Centre Street, 19th Floor
New York, NY 10007
(212) 669-8300 • www.mbpo.org

For Office Use Only
CB #_____
CD# _____
Date:_____

COMMUNITY BOARD RE-APPLICATION

The Freedom of Information Law (FOIL) may allow for public review of this application upon request

IF YOU DO NOT WISH TO RE-APPLY, please print and sign your name on the line below and return the application to the Borough President's Office by December 31, 2010.

_____

Name (Print) *Signature* *Date*

TO RE-APPLY to serve on one of Manhattan's Community Boards, please fill out the form below and return it to the Manhattan Borough President's Office postmarked or hand delivered no later than December 31, 2010. Please note that we will not accept fax copies.

Should you have any questions or require additional information, please contact Jessica Silver, Director of Community Affairs and Constituent Services at (212) 669-8135 or via e-mail at jsilver@manhattanbp.org, or Shanifah Rieara, Director of the Borough President's Northern Manhattan Office, at (212) 531-3030 or via e-mail at srieara@manhattanbp.org.

Personal Information

Name: _____
First *Middle* *Last*

Home Address: _____
Street # *Street name* *Apt. #* *Zip Code*

Phone: (_____)_____ **Email:**_____

On which Community Board do you presently serve? _____

What year were you first appointed to the Community Board?_____

Optional Questions

Age: _____ **Gender:** _____ **Ethnicity:** _____

Employment

❑ Retired ❑Unemployed ❑Self-employed ❑NYC Government ❑Union Member

Profession/Occupation: _____

Employer: _____

Title/Position: _____

Business Address: _____

Name of Union: _____

To the best of your knowledge, are you employed by, or a ember of, any entity (e.g. business of 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 entity and nature of interest.

_____

Community Board Interest

Are you an officer of the Community board on which you serve? If yes, please describe your role:

_____

Please list the Community Board committees on which you serve. Indicate if you serve as the Committee's Chair or Co-Chair.

1. _____
2. _____
3. _____

Please provide any additional information you believe would be useful in considering your application.

_____

_____

_____

Certification

I am not employed by a Councilmember or by the Manhattan Borough President. I am not employed by the City of New York or State of New York above the level of Assistant Commissioner (or equivalent title), or I am employed in such a capacity and have secured a mayoral waiver allowing me to serve on a Community Board and I have affixed a copy hereto.

If appointed, I understand it is my responsibility to notify the Office of the Manhattan Borough President of any changes in residence, business, or any factor that would affect my membership on the Community Board.

I recognize 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 may be called. Failure to do so will 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 note that you must print out and sign this form. Forms with typed names in the signature field will not be accepted. Please note that not all versions of Adobe Reader will allow you to save changes to this document, but you will be able to print the document with the text you have entered.