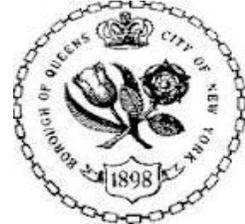




Chairman, Alvin Warshaviak

*The City of New York*  
*Borough of Queens*

Community Board 8  
197-15 Hillside Avenue  
Hollis, NY 11423-2126  
Telephone: (718) 264-7895  
Fax: (718) 264-7910  
Qn08@cb.nyc.gov



District Manager, Marie Adam-Ovide

Dear Sir/Madam:

Thank you for your interest in joining one of the committees of Community Board 8 Q as a non-member. Enclosed is the application.

As a non-member you will be able to participate in the discussion and make recommendations. You will not be allowed to vote. Most of the CB8 Committees meet when the need arises. Only the Transportation Committee meets every other month. The Zoning Committee is also very active, as it reviews BSA applications and ULURPs periodically.

For your information here is a list of the CB8 Committees:

- Aging
- Internal Budget
- Budget (Expense/Capital)
- Buildings/Housing
- DEP/Sanitation
- Government Affairs
- Human Services
- Parks
- Public Safety
- Youth, Education and Libraries
- Transportation
- Zoning
- Liquor License
- Health/Hospital

Once we receive **your application and resume**, it will be forwarded to the Committee Chair. He/she will determine whether or not you may join.

Sincerely,  
Marie Adam-Ovide  
District Manager

**Committee Application**

*I am applying for membership on Community Board 8's \_\_\_\_\_ Committee*

Name: ( Mr. or Ms.) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\*\*\*\*\*

CHARACTER REFERENCES:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ORGANIZATIONAL AFFILIATIONS: (CIVIC, RELIGIOUS OR OTHER)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ POSITION: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ POSITION: \_\_\_\_\_

In a few short sentences, please state why you would like to join this Committee:

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

Please list any special skills or training that you possess that may benefit the Committee and its work.

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

*I hereby attest that all the above information is true.*

\_\_\_\_\_  
*Signature of Applicant*

Please add additional sheets if necessary.