

Gun Violence Survivors Network Advisory Committee - Application

Each applicant may only submit one application. Only completed applications will be considered. Please provide thoughtful responses to all questions. Email completed application to OPGV@cityhall.nyc.gov. Please be sure to include "Advisory Committee" in the subject line.

SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE APPOINTMENT

******READ BEFORE BEGINNING APPLICATION ******

Instructions:

- 1- Save this document as a PDF (Click Save As a PDF)
- 2- File name should be your name
- 3- Open your PDF file and input information into all required fields
- 4- Save document again after completion
- 5- Email completed application as an attachment to OPGV@cityhall.nyc.gov

PLEASE READ THE GVSN GUIDELINES BEFORE ANSWERING THE FOLLOWING QUESTIONS:

SECTION 1: CONTACT INFORMATION

Full Name:
Phone:
Email <i>(please use an email that is checked readily- primary contact will be made via email):</i>
Mailing Address:

CHECK ONE: I am applying to become a Board Member Committee Member

SECTION 2: MOTIVATION

1. Have you been directly impacted by gun violence? YES ___ NO___
2. How has gun violence impacted your life?

3. Why do you want to join the GVSN advisory committee as a member?

SECTION 3: SKILLS AND EXPERIENCE

- 4. Have you ever served on a Board? Y __ N __ ...been a member of a committee? Y __ N __**
- 5. Briefly describe your experiences being in a leadership position OR (if no direct experience) your ability to hold a leadership position including, communication skills and dealing with difficult situations.**

6. What are the characteristics of a great Board/ committee member? How will your strengths and weaknesses contribute to the objectives of the Committee?

7. How do you engage with people with differing experiences and perspectives than yours? What have you learned from those experiences?

8. How do you work in a group setting? What role(s) do you assume?

9. Describe your work /volunteer experience around issues of gun violence?

10. What skills, connections and resources can you offer and are willing to use in your position on the Committee?

SECTION 4: INTERESTS

11. Briefly describe the gaps you feel exist in services for gun violence survivors. (2) What are some are your recommendations to fill those gaps?

12. Based on the objectives of this Committee, what would be a particular area or focus that would interest you? Please describe briefly?

SECTION 5: COMMITMENT

13. Based on the time commitment required for membership, do you have the ability to maintain status as an active participant? Please describe any obstacles that may hinder your participation.

HOW DID YOU HEAR ABOUT THE GUN VIOLENCE NETWORK ADVISORY COMMITTEE?

Office to Prevent Gun Violence/ Mayor’s Office of Criminal Justice

Elected Official (Name) _____

Community Board/ Council

City Agency (Name) _____

Community Organization (Name) _____

Other _____

CONGRATULATIONS, YOU’VE COMPLETED THE APPLICATION!!

***Please note: Submission of an application DOES NOT guarantee membership.**

Refer to the instructions above for final submission. You will receive a confirmation email when your application is received.