

RUBEN DIAZ JR.
PRESIDENT, BOROUGH OF THE BRONX
851 GRAND CONCOURSE
BRONX, NEW YORK 10451

APPLICATION FOR MEMBERSHIP – BRONX COMMUNITY BOARDS

Please return this application to: Office of The Bronx Borough President
Community Boards Office, Room 207
851 Grand Concourse
Bronx, New York 10451
Thomas Lucania, Director
Phone: (718) 590-6005
Email: cbapplications@bronxbp.nyc.gov
Web Address: <http://bronxboropres.nyc.gov>

Office Use Only
CB #: _____
CD #: _____

DATE: _____

NAME: (Mr., Mrs., Ms., Other) (Circle one) _____
(First Name) (Middle Initial) (Last Name)

HOME ADDRESS: * _____
(Street) (Apt. #)

(Borough) (State) (Zip Code)

BUSINESS NAME AND ADDRESS: _____

(STREET)

TELEPHONE: () _____ () _____
(Home) (Business/cell) (Email Address)

I. To which Board do you seek appointment? (Circle One)

- a. The Board, which covers the area where you live.
- b. The Board, which covers the area where you work.
- c. The Board, which covers an area in which you have a business, professional or other significant interest.

Specify interest: _____

II. If you seek appointment to the Board in the district where you reside, do you live in:

- Public Housing
- A Mitchell Lama Development
- An apartment in a privately owned building
- Your own home

Other, please specify: _____

III. If you seek appointment to the Board in which you have a business or other interest, describe the nature of that interest or business:

***Please do not list Post Office Box or c/o Address (in care of)**
Please Turn Over

THIS SECTION IS 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 diverse and inclusive community boards.

Age: (please check one) 16 17; 18-24 ___ 25-44 ___ 45-64 ___ 65+ ___

Which of these best describes your gender?

Female ___ Male ___ Transgender ___ Gender non-conforming ___ Other ___

Which of the following best describes how you identify? You may check multiple boxes

___ African American / Black ___ Asian American / Pacific Islander

___ Caribbean / West Indian ___ Caucasian / White

___ Latino (a) / Hispanic ___ Native American / American Indian

___ South Asian ___ Lesbian/Gay/Bisexual/Transgender/Questioning

___ Middle Eastern ___ Other _____

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

Have you ever served or are currently serving in the United States Armed Forces or military? _____

If so, which branch? _____ Honorable Discharge? _____

Language (s) spoken _____

Do you use Facebook, Twitter, Instagram or other social media? If so, please provide the location of the user profile and/or the username/links:

IV. Civic, Fraternal and Community Organization in which you are active. Name organization, dates of membership, offices held, etc.

V. Are you seeking appointment as a representative or on behalf of an organization? Yes ___ No ___
If yes, please list name and address of the organization.

Membership Application

Name: _____

VI. Any special skills or interests. Please specify: _____

VII. Do you have any professional designations, certificates or licenses? If so, please list: _____

VIII. Occupation/Profession _____

Present Employer: _____

(Address)

Position or Title: _____

Are you a member of a trade organization or union? _____ If yes please name? _____

IX. Work or school experience for the last 10 ten years. (List employer and nature of job)

_____	_____
_____	_____
_____	_____

X. Are you an employee of the City of New York? Yes _____ No _____
Which division or agency do you serve?

XI. Are you employed by or associated with any entity whose contract or program comes before a Community Board for a funding request or review? Yes _____ No _____

XII. If the answer to the above question is yes, name the agency, organization or entity.

XIII. Is any member of your family employed by or associated with any entity whose contract or program comes before a Community Board for a funding request or review?

Yes _____ No _____

XIV. If the answer to the above question is yes, name the agency, organization or entity.

(Please Turn Over)

Membership Application

Name: _____

XV. EDUCATION

High School Attended: _____

Year Graduated _____ Diploma or GED _____

College Attended _____ Year Graduated _____

Nature of Degree _____

Post Graduate Degree (s) _____

XVI. How many hours per week will you be able to devote to Community Board work?

Number of hours: _____

XVII. If appointed, in which of the following substantive areas of activity would you prefer to be involved?

- | | | |
|---|---|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Planning & Zoning | <input type="checkbox"/> Education |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Health & Hosp. | <input type="checkbox"/> Finance & Budget |
| <input type="checkbox"/> Sanitation | <input type="checkbox"/> Parks & Recreation | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Senior Citizen Affairs | <input type="checkbox"/> Environment & Ecology |
| <input type="checkbox"/> Consumer Affairs | | |
| <input type="checkbox"/> Other. Please specify: _____ | | |

XVIII. Have you been a party to a lawsuit against the City of New York or one of its agencies? If so, which agency?

XIX. Is anyone in your household presently a member of the community board to which you are applying? _____. If so, please state their name and relation to you.

_____	_____
Name	Relationship

XX. If you are appointed to the community board, you will be required to take required NYC Sexual Harassment Prevention training, EEO training, and any other training programs prescribed by NYC or NYS Law. In accepting an appointment to the community board, you acknowledge your responsibility to complete these mandated trainings.

(Please Initial) _____

XXI. Why do you seek appointment to the Community Board?

Membership Application

Name: _____

XXII. Please provide two references:

Name _____

Contact Number _____ Email _____

Relationship _____

Name _____

Contact Number _____ Email _____

Relationship _____

Signature: _____

Date: _____

Community Board #: _____

It is the responsibility of Community Board applicants to notify this office of any changes in residence, business or work location that would affect their membership on the community board.

Please note: You must be a resident of New York City to be eligible for community board membership.

For additional information please call the Borough President's Community Board Office at (718) 590-6005 or email tlucania@bronxbp.nyc.gov. Interested applicants may also get forms on line at <http://bronxboropres.nyc.gov>.

The deadline for submission of applications is Friday, February 7, 2020

(Please Turn Over)

APPLICANT CERTIFICATION

I, _____, submit this application for consideration for an appointment to a Bronx Community Board, I hereby certify that all information in this application is complete, truthful and accurate to the best of my knowledge.

I am not currently employed by the Office of the Bronx Borough President or by an elected official. 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 allowed me to serve on a community board and I have affixed a copy hereto.

I certify that I am a New York City resident and understand that if I am appointed, it is my responsibility to notify the Office of the Bronx Borough President of any changes in my place of residence, employment, 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, committee meetings I will be assigned to, and public hearings that may be called. Failure to attend regularly to my duties as a community board member may be cause for my removal. I understand the necessity of my engagement and certify that 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, Equal Employment Opportunity (EEO) and all laws that New York City and State may promulgate.

Print Name

Signature

SUBSCRIBED AND ATTESTED TO
BEFORE ME THIS _____
DAY OF _____ **20** _____

NOTARY PUBLIC OR COMMISSIONER OF DEEDS

**Portion of the Ethics Provisions of the Charter of the City of New York, Chapter 68
(Conflict of Interest), section 2604, as it applies to Community Board Members.**

Public service is one of the highest enterprises an individual may choose to undertake, and the dedication of time, energy, and talent in the execution of their duties reflects on the character of the individual, their community, and the entire Borough of the Bronx. As early as the 1980s, in New York City certain public servants were prohibited from having any interest in any contract under local government jurisdiction. During the subsequent years, there has been an expressed policy against public officers and employees using their positions to further their personal interests. In 1988 and 1989 the voters of New York City approved charter revisions with a new conflicts of interest code, which is today's Charter Chapter 68.

The following portions are extracted from the New York City Charter, Chapter 68 and are meant to be a reference for the standard of conduct of a community board member relative to potential conflicts of interests.

Portions of the Ethics Provisions of the Charter of the City of New York, Chapter 68 (Conflicts of Interest), Section 2604, as it applies to Community Board Members.

(From the Council of the City of New York ETHICS MANUAL)

2601.19. Definition. "Public Servant" means all officials, officers, and employees of the city, **including members of community boards** and members of advisory committees.

2604. Prohibited interests and conduct. Prohibited interests in firms engaged in business with the city.

In the case of an appointed community board member no public servant shall engage in any business, transaction, or private employment, or have any financial or other private interest, direct or indirect, which is in conflict with the proper discharge of his or her official duties.

2604.1(a) A community board member shall not be prohibited from having an interest in a firm which may be affected by an action on a matter before the community or borough board, however,

2604.3(a) an individual who has such an ownership interest shall, within ten days of knowing the business dealing, either divest the ownership interest; or

2604.3(b) disclose to the board such ownership interest and comply with its order.

2604.4 When an individual or public servant discloses an interest to the board, the board shall issue an order setting forth whether such interest, if maintained, would be in conflict with the proper discharge of the public servant's official duties.

2604.6.(b) Prohibited conduct. A public servant who has an interest in a firm which is not prohibited shall not take any action as a public servant particularly affecting that interest, except that a community board member may **not** vote on any matter before the community or borough board which may result in a direct economic gain to the member or any person with whom the member is associated.

No public servant shall use or attempt to use his or her position to obtain any financial gain, contract, license, privilege, or other private or personal advantage, for the public servant or any person or firm associated with the public servant.

(Please Turn Over)

No public servant shall attempt to influence the course of any proposed legislation without publicly disclosing on official records, as the case may be, the nature and extent of any direct or indirect financial or other private interests he or she may have in such legislation.

2604.9(a) No public servant shall attempt to coerce, by intimidation, threats, or otherwise any officer or employee of the city to engage in political activities.

I, _____ have read the Code of Ethics of Community Board Members and Provisions 2604 of the Charter of the City of New York. I understand the requirements and agree to adhere to the code of ethics as a standard of conduct in the fulfillment of my duties as a community board member.

Signature

Date: _____

Community Board No.: _____

COMMUNITY BOARD MEETING ATTENDANCE FORM

As part of the application review process for new community board members, we are requesting that all applicants attend a community board meeting to assure that you are familiar with the dedication, responsibilities, and commitment it takes to be an appointed member of the community board.

During this application period, we are asking that you attend a general community board meeting and complete this form confirming that you have attended a meeting.

Please have either the Chairperson of the Board or the District Manager sign below and send it back to our office either with your application or as soon as you attend a general community board meeting.

Thank you for your cooperation.

Community Board # _____ Date of Meeting _____

Name of New Community Board Applicant

Signature of Chairperson or District Manager

If you have any questions, please contact Tom Lucania, Director, Community Boards Unit at 718-590-6005 or at tlucania@bronxbp.nyc.gov

