

**THE CITY OF NEW YORK**  
Community Board 16  
Ocean-Hill and Brownsville Brooklyn  
444 Thomas S. Boyland Street, Room 103; Brooklyn, New York 11212

Tel. (718) 385-0323 Fax (718) 342-6714  
Email: [Bk16@Cb.Nyc.Gov](mailto:Bk16@Cb.Nyc.Gov)

Viola D. Greene-Walker, District Manager  
Genese T. Morgan, Chairperson

**Community District 16: Internship/Fellowship Application**

**Section 1 Applicant Type:**

Please check applicable box for type of volunteer service assignment you would like to be considered:

**Internship**

**Fellowship**

**Section 2 Applicant Information:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Volunteer/Service Interests: \_\_\_\_\_

Are you able and willing to travel during the assignment?  Yes  No

What are your interests in volunteering/serving in Community District 16?

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

Which Community Board Committee(s) or Local Community Partner(s) would you like to support?

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

Age range of customers you intend to serve (select all that apply):

0 – 4 Yrs.  5- 13 Yrs.  14 – 24Yrs.  24 – 62 Yrs.  62 Yrs. or older  No Preference

Are you willing to complete a background check, if necessary?  Yes  No

**Section 3 Availability:**

**Monday** From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**Tuesday** From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**Wednesday** From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**Thursday** From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**Friday** From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**Saturday** From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**Sunday** From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**Section 4 College/University Information:**

College/University Name: \_\_\_\_\_

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

Degree Program:  Associate  Bachelor  Master

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Expected Graduation: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Class Schedule:**

**Monday** From: \_\_\_\_\_ To: \_\_\_\_\_

**Tuesday** From: \_\_\_\_\_ To: \_\_\_\_\_

**Wednesday** From: \_\_\_\_\_ To: \_\_\_\_\_

**Thursday** From: \_\_\_\_\_ To: \_\_\_\_\_

**Friday** From: \_\_\_\_\_ To: \_\_\_\_\_

**Saturday** From: \_\_\_\_\_ To: \_\_\_\_\_

**Sunday** From: \_\_\_\_\_ To: \_\_\_\_\_

**Section 5 Experience:**

Please summarize any work or previous volunteer experience:

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**Section 6 Skills:**

Language(s) Spoken (other than English)

Computer Programs:

Please specify any other skills or licenses held:

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**Section 7 Reference:**

Employer, School or Community Organization

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Section 8 Emergency Contact:**

*Person to Notify in Case of Emergency:*

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Section 9 Signature:**

By submitting this application, I assert that the facts set forth in it are true and complete. I understand that if I am accepted as an intern/volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Sign of Applicant: \_\_\_\_\_

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

Date:

**Our Policy:**

It is the policy of this organization to provide equal opportunities without regard to religion, race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, citizenship status, or any other characteristic protected by law.

Thank you for completing this application form and your interest in volunteering and serving the community with us.