

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

REAPPOINTMENT APPLICATION – 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 / Fax: (718) 537-3583
Web Address: <http://bronxboropres.nyc.gov>

Office Use Only

CB #: _____

CD #: _____

DATE: _____

NAME: (Mr., Mrs., Ms., Other) _____
(Please print)

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

(Borough) (State) (Zip Code)

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

OCCUPATION: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

Are you a City? _____ State? _____ or Federal Employee? _____

I. 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 _____

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

III. 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 _____

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

V. Please indicate in which organizations you are currently actively involved:

***Please do not list Post Office Box or c/o
Please Turn Over**

Reappointment Application

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.

Date of Birth: _____

Which of these best describes your gender?

Female Male Transgender 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
- Other _____

Do you have any disabilities? If yes, what type of disability? _____

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

VI. Date originally appointed to the Community Board: _____

VII. How many consecutive years have you served as a member of the Community Board:

VIII. Name (s) of Committee (s) of which you are a Member:

IX. How do you view your role as a member of your Community Board?
(use additional sheets if necessary)

Name: _____

Reappointment Application

Signature: _____

Date: _____

Community Board #: _____

It is the responsibility of Community Board Members 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 4, 2011.

Certification

I am not employed by 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 am a New York City resident and if appointed, I understand it is my responsibility to notify the Office of the Bronx 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, meeting of committees I will be assigned to, and public hearings that may be called. Failure to do so may 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

