



**Office of the
Staten Island
Borough President
James S. Oddo**

Memorandum

To: All Community Board Applicants

From: James S. Oddo

Thank you for expressing an interest in becoming a Community Board member. Please complete the following application in its entirety and submit it to the address located at the top of the application.

The importance of the Community Boards cannot be overstated. The Boards provide a vital link between the citizens of Staten Island and their representatives. By bringing the government directly to the people, the Community Boards ensure that local interests are heard and our communities remain strong.

Please be aware that due to the pressing nature of their work, Board members' attendance is especially crucial. If you are appointed, plan to devote at least two (2) to three (3) nights a month to the Board. Community Boards cannot function efficiently without the full commitment of each member. Those with excessive absences will not be reappointed.

I will not be appointing executive board members of Political Parties and staff members of elected officials to the Community Boards.

I thank you again for your interest in serving on the Board. I will file your application with my Community Board Director immediately upon its receipt. If you are selected for appointment, the Director will contact you with further information.



APPLICATION FOR STATEN ISLAND COMMUNITY BOARD MEMBERSHIP

10 Richmond Terrace, Room 100, Staten Island, NY 10301

(718) 816-2000

www.StatenIslandUsa.com



DATE: _____

Office Use Only

CB #: _____

CD #: _____

Appt: _____

1. I am applying for membership on Community Board# _____

To which Board do you seek appointment? (Please Circle)

- a. The Board, which covers the area where you live.
- b. The Board, which covers the area where you work.

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

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

(Borough) (State) (Zip Code)

4. Length of Residence on Staten Island _____ Length of Residence in Community Board _____

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

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

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

_____	_____
_____	_____
_____	_____

8. Special skills or interests. Please specify: _____

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

10. Occupation: _____
Present Employer: _____

(Address)

Position or Title: _____

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

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

_____	_____
_____	_____
_____	_____
_____	_____

13. 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 _____

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

15. 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 ____

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

17. EDUCATION

High School Attended: _____

Year Graduated _____ Diploma _____

College Attended _____ Year Graduated _____

Degree _____

Post Graduate Degree _____

18. If appointed, in which of the following substantive areas of activity would you prefer to be involved?
(1 Being the highest)

- | | | |
|-----------------------------|-----------------------------|----------------------------|
| ____ Housing | ____ Planning & Zoning | ____ Education |
| ____ Transportation | ____ Health & Hosp. | ____ Finance & Budget |
| ____ Sanitation | ____ Parks & Recreation | ____ Public Safety |
| ____ Arts & Culture | ____ Senior Citizen Affairs | ____ Environment & Ecology |
| ____ Consumer Affairs | | |
| ____ Other. Please specify: | _____ | |

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

★ ★ ★ ★ ★ ★ **Demographic Profile** ★ ★ ★ ★ ★

Community Board #* CB 1 CB 2 CB 3

Age* 16-17 years (16 by April 1st) 30-39 years old 60+ years old
 18-19 years old 40-49 years old Prefer Not to Answer
 20-29 years old 50-59 years old

Gender* Female Transgender Prefer Not to Answer
 Male Gender non-conforming

Do you have any disabilities?* Yes No Prefer Not to Answer

If yes, what type of disability? _____

Which of the following best describes how you identify? Select all that apply:*

- | | | |
|---|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Latina/o/x/ Hispanic | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Middle Eastern / North African | <input type="checkbox"/> Sub-Saharan African |
| <input type="checkbox"/> Caribbean / West Indian | <input type="checkbox"/> Native American / American Indian | <input type="checkbox"/> White / European |
| <input type="checkbox"/> East Asian / South East Asian / Pacific Islander | | <input type="checkbox"/> Prefer Not to Answer |

Any other background info you would like for us to know? Select all that apply: *

- | | | |
|--|--|---|
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Parent / guardian of a Pre K-12 child | <input type="checkbox"/> Veteran / military service |
| <input type="checkbox"/> Immigrant | <input type="checkbox"/> Parent / guardian of a Preschooler | <input type="checkbox"/> Prefer Not to Answer |
| <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Parent / guardian of a person with a disability | |
| <input type="checkbox"/> Non-native speaker of English | <input type="checkbox"/> Person with a disability | |

Educational Attainment *

- | | |
|--|---|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> High School Degree or Equivalent | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Some college credit, no degree | <input type="checkbox"/> Law Degree |
| <input type="checkbox"/> Trade/technical/vocational training | <input type="checkbox"/> Medical Degree |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Prefer Not to Answer |
| <input type="checkbox"/> Bachelor's Degree | |

Language(s) Spoken : _____

References:

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Signature: _____

Date: _____

Please send the completed, signed application to the following address:

Office of the Staten Island Borough President

10 Richmond Terrace, Room 100

Staten Island, NY 10301

Attn: Director of Community Boards

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 contact Marie Carmody-LaFrancesca at the Borough President's Office at mLafrancesca@statenislandusa.com or (718) 816-2141.