



# City of New Brunswick

Association, Board, Commission, Committee, Council

## Volunteer Membership Application

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER (optional): \_\_\_\_\_

EMAIL ADDRESS (optional): \_\_\_\_\_

OCCUPATION / EMPLOYER: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

PROFESSIONAL LICENSES HELD (IF ANY): \_\_\_\_\_

WHAT ASSOCIATION, BOARD, COMMISSION, COMMITTEE AND / OR COUNCIL WOULD YOU LIKE TO SERVE ON?

<input type="checkbox"/> CABLE TELEVISION CITIZENS ADVISORY COMMITTEE*	<input type="checkbox"/> HUMAN RELATIONS COMMISSION
<input type="checkbox"/> CITIZENS RECREATION COMMITTEE	<input type="checkbox"/> LIBRARY BOARD OF TRUSTEES*
<input type="checkbox"/> CITIZENS TAXI SERVICE COUNCIL	<input type="checkbox"/> PARKING AUTHORITY BOARD*
<input type="checkbox"/> CONSTRUCTION BOARD OF APPEALS*	<input type="checkbox"/> PARKS AND GARDENS COMMISSION
<input type="checkbox"/> NEW BRUNSWICK COMMUNITY ARTS COUNCIL	<input type="checkbox"/> PLANNING BOARD*
<input type="checkbox"/> ENVIRONMENTAL COMMISSION	<input type="checkbox"/> RENT CONTROL BOARD*
<input type="checkbox"/> BOARD OF ETHICS*	<input type="checkbox"/> SENIOR CITIZEN ADVISORY COUNCIL
<input type="checkbox"/> HISTORICAL ASSOCIATION	<input type="checkbox"/> TRAFFIC COMMISSION*
<input type="checkbox"/> HOUSING AUTHORITY BOARD*	<input type="checkbox"/> ZONING BOARD OF ADJUSTMENT*

If you checked any association, board, commission, committee and / or council with (\*) please complete the following...

**FINANCIAL INFORMATION:**

(Some associations, boards, commissions, committees and councils require a Financial Disclosure Statement which is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.)

**Please provide the following information for yourself and *members of your immediate family* for the prior calendar year. If none, please indicate NONE in the space provided.**

A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a *member of your immediate family* has an *interest* in the *business organization*.

	Name	Address	Self	Spouse	Dependent Name
1.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
2.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
3.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
4.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
5.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____

B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

	Name	Address	Self	Spouse	Dependent Name
1.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
2.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
3.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
4.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
5.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self	Spouse	Dependent Name
1.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
2.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
3.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
4.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
5.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____

D. List the name and address of all *business organizations* in which an interest was held.

	Name	Address	Self	Spouse	Dependent Name
1.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
2.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
3.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
4.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
5.	_____	_____	<input type="radio"/>	<input type="radio"/>	_____

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality/County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	_____	_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
2.	_____	_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
3.	_____	_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
4.	_____	_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
5.	_____	_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	_____

F. Please add any other information you believe will be helpful for our review of your application.

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