



Boards and Commissions Application

Thank you for your interest in participating on a New Haven City Board or Commission.

This is important work to ensure government is run effectively and efficiently and that the community has a strong voice in City decision making. Your willingness to represent the community on a Board or Commission is deeply appreciated.

Please fill out the application form below to give us more information on yourself, your interests, and your experience, to help us determine whether you are a good fit for this volunteer role.

Please reach out to Barbara Montalvo, bmontalvo@newhavenct.gov, or by phone: (203) 946-7670 with any questions about the process.

--Mayor Justin Elicker

First Name:	Carolyn		Last Name:	Scott	
Address:	Street: 83 Admiral St				
	City: New Haven	State: CT	Zip Code:	06511	
Email Address:	scottcoro@aol				
Phone Number:					
Is this a mobile number?	YES NO	Can we text you on this number?	YES	NO	
Are you registered to vote in New Haven?	☒ YES NO				
Are you currently a New Haven Resident	☒ YES NO				
*What is your political party registration?	Republican				

[*This information is only requested as it is required by the city charter (Article X Sec. 2-551) to ensure minority party representation on boards and commissions]

What is your current occupation?	Retired
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Please submit either a resumé or personal statement of interest with this application.

Please select the Board(s) and/or Commission(s) you are interested in serving on. You may apply for more than one, but you can only serve on ONE Board or Commission at a time if you are selected for an appointment.

☐ Advisory Board for the Q-House	☐ Greater New Haven Water Pollution Control Authority (GNHWPA)
☐ Affordable Housing Commission	☐ Historic District Commission
☒ Aging Commission	☐ Homeless Advisory Commission
☐ Board of Assessment Appeals	☐ Housing Authority
☐ Board of Education	☐ Humane Commission
☐ Board of Ethics	☐ Lead Poisoning Advisory Committee
☐ Board of Fire Commissioners	☐ Litigation Settlement Committee
☐ Board of Park Commissioners	☐ Livable City Initiative Board
☐ Board of Library Directors	☐ New Haven Democracy Fund Board
☐ Board of Police Commissioners	☐ New Haven Food Policy Council
☐ Board of Commissioners of New Haven's Port Authority	☐ Paraprofessional Money Plan
☐ Board of Public Health	☐ Parking Authority
☐ Board of Zoning Appeals	☐ Peace Commission
☐ Cable TV Advisory Council	☐ Pension Taskforce
☐ Capital Projects Committee	☐ Police and Fire Retirement Fund (PFRF)
☐ City Employees Retirement Fund (CERF)	☐ Mental Health Catchment Area Council #
☐ City Plan Commission	☐ Property Acquisition & Disposition Committee
☐ City Wide Building Committee	☐ Redevelopment Agency
☐ Civilian Review Board	☐ Regional Water Authority (RWA) of South Central Connecticut
☐ Civil Service Commission	☐ Solid Waste and Recycling Authority Board
☐ Commission on Affirmative Action	☐ Greater New Haven Transit District - Board of Directors
☐ Commission on Disabilities	☐ Traffic Authority
☐ Commission on Equal Opportunities	☐ Tweed New Haven Airport Authority Board
☐ Cultural Affairs Commission	☐ Wooster Square Monument Committee
☐ Development Commission	☐ 401(a) Profit Sharing Plan
☐ Environmental Advisory Council	



2022 Disclosure Form for the City of New Haven Employees, Officials & Members of Boards and Commissions

Section I. Personal Information

First Name	Middle Name	Last Name
Carolyn	Olivia	Scott
Street Address (Home)		City
83 Admiral St		New Haven
Employer		Zip
Retired		06511
Street Address (Business)		City
		Zip
Home Phone	Business Phone	Cell Phone
203-865-2806		203-494-2018
Board, Commission or Task Force (if applicable)		Term Expires (if applicable)
Email Address:		

Section II. Interests Requiring Disclosure

Please provide the following information for the calendar year 2021. Some questions may request information about your *immediate family or household*. Immediate family means: your spouse or partner, your parent, sibling or child, your spouse's parent, sibling or child, the spouse or partner of said child, or other dependent relative who resides in your house. Household means: all individuals residing in a single housing unit, including related and unrelated people. If the answer to any question is none, please indicate NONE in the space provided. Please attach additional pages as needed.

1. Are you or any member of your immediate family or household employed by the City of New Haven? **NO**

Name	Relationship	Position Held	Term Expires (if applicable)

2. Do you have a financial or personal interest in any City of New Haven contract, including any contract entered into prior to your nomination, appointment, election or employment to your position? **NO**

Contract Name	Contract Amount	Expiration Date of Contract

3. Are you seeking or have you obtained employment with a person, company or corporation engaged in business with the City of New Haven? **NO**

Person, company or corporation	Position sought or gained

4. Have you or a member of your immediate family or household applied for a City of New Haven program or benefit over which you have actual or apparent control, influence or discretionary authority? **NO**

City program or benefit

5. List any reimbursement of necessary expenses incurred that are due to an article, appearance, or speech, or for participation in any event in your official capacity. Please attach additional pages as needed. None

6. Have you accepted an offer of employment, whether paid or unpaid, by the City of New Haven or by a program established by the board, commission or task force of which you are a part? None

Agency, business or institution

7. Please list any non-municipal (including nonprofit) agency, or entity by which you are employed which is funded by monies authorized or provided by the City of New Haven. None

8. Please list any nonprofit or other organization of which you are a member of the governing board that is, has been, or is likely to be engaged in the application for federal or state funding or local funding authorized or administered by the City of New Haven. None

Agency, business or institution

9. Please list any nonprofit or other organization of which you are a member of the governing board that is or will be lobbying for specific legislation before the City of New Haven or State of Connecticut legislation, which will result in the City receiving funding administered by the City board, commission or task force of which you are a member. None

Agency, business or institution

10. Please list any nonprofit or other organization of which you are a member of the governing board where said organization is, has been or may become engaged in litigation against the City of New Haven. None

Agency, business or institution

Section III. Oath

- A. I understand that I am responsible for learning and complying with all laws regarding standard of conduct for public officials contained in the City's Ethics Code and Ordinance found at Chapter 12 5/8 of the New Haven Code of Ordinances available for review at <http://www.cityofnewhaven.com/HumanResources/index.asp> or at the Dept of Human Resources Office at 200 Orange St Room 102, New Haven, CT.

Please initial that you will comply with this section

- B. I understand that as a public employee or official I am held to a high standard of ethical behavior. I will avoid both actual improprieties and the appearance of improprieties. I understand that the disclosures requested in this form are related to all of my interests, not just those relating to the City department, board, commission, or task force with which I am affiliated. I understand that I am responsible for updating the information on this form immediately upon any change in circumstance. I further understand that this form constitutes public information and will be disclosed upon request. If I am considering outside employment or financial arrangements with a business or person who transacts business or has financial dealings with the City of New Haven, I will consult with Senior Corporation Counsel at 203-946-7969 regarding any actual or potential ethical issues before taking any action.

Carlynn Scott

Signature

Date

1-10-2023



☐ Fair Rent Commission

☐ Financial Review & Audit Commission

☐ 457(b) Tax Deferred Compensation Plan

☐ Youth Commission

Why do you believe you are a good fit for this board/commission?

I want to remain on the Aging Commission because my past experiences serving on the commission has been extremely rewarding. I am passionate about helping others especially the elderly. I look forward with enthusiasm to continue to serve as a team member to help to move this commission forward as we set standards and inspire staff.

Do you have any time commitments that would prevent you from participating in the board/commission meetings? YES NO

