BOARD of SUPERVISORS



City Hall

1 Dr. Carlton B. Goodlett Place, Room 244
San/Francisco 94102-4689
Fel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 544-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force:	San Francisco IHSS	Public Authority Governing Body
Seat # (see Vacancy Notice for qualifications): 5		
Full Name: Jesse Nichols		a d
		Zip Code: 94124
Work Phone:	Employer:	
Business Address:		
Business Email:		
Pursuant to Charter, Section 4.101(a)(2), Boards and Cresidents of the City and County of San Francisco who authority). For certain appointments, the Board of Sup	are 18 years of age or	older (unless otherwise stated in the code
Check All That Apply:		
	o, place of residence:	
18 Years of Age or Older: Yes ■ No □		
Pursuant to Charter, Section 4.101(a)(1), please state neighborhoods, and the diversity in ethnicity, race, ag and any other relevant demographic qualities of the C	e, sex, sexual orientation	on, gender identity types of disabilities
I am a person with a disability and have bee adult male living in the Bayview District. I ha multiple visible and invisible disabilities from	ave lived in San Fr	ancisco for 13 years. I have
,		
-		
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Business and/or professional experience:	
I have been on permanent disability benefits since birth and rece Medi-Care benefits.	eive both Medi-Cal and
Tan tan	
ivic Activities:	
have participated in San Francisco's Age and Disability Friendly	y task förce in 2018-2019.
ave you attended any meetings of the Board/Commission to which you wish	appointment? Yes ■ No □
appointments confirmed by the Board of Supervisors require an a committee. Once your application is received, the Rules Commit hearing is scheduled. (Please submit your application 10 days	ttee Clerk will contact you wher
NOT	ually sign or type your complete name. E: By typing your complete name, you are you consenting to use of electronic signature.)
lease Note: Your application will be retained for one year. Once all attachments, become public record.	e completed, this form, includin
OR OFFICE USE ONLY: ppointed to Seat #: Term Expires: Date Seat v	was Vacated:



Check All That Apply:

Board of Supervisors City and County of San Francisco 1 Dr. Carlton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-5163

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

Resident of San Francisco: Yes ■ No □ If No, place of residence:

Registered Voter in San Francisco: Yes ■ No □ If No, where registered: ______

I'm a 46-year-old woman who is quadriplegic with a speech disability as a result of cerebral palsy. I grew up in San Francisco and attended Sunnyside and Fairmount Elementary Schools, Marina and Giannini Middle Schools, Lowell High School and UC Berkeley. I have lived in the Ingleside Terraces neighborhood for the last thirty years. I have used both family and non-family members as personal care attendants, so I feel I understand the unique challenges both groups of caregivers face.

Business and/or professional experience:	8
For about twenty years, first as a volunteer, then in paid en (Keys to Introducing Disability in Society) Project, bringing classrooms to share their experiences, while promoting resschools. I managed part of the program, helped facilitate powith disabilities, and provided disability education presental students, K-12. (Funded by DCYF)	speakers with disabilities into spect for diversity and inclusive eer support groups for students
Civic Activities:	-08
Disability rights activist for 30 years; first arrest (at 16) forFormer Chair & Vice-Chair, State Council on DevelopmerCo-Chair, Golden Gate Regional Center Self-DeterminatiChair, Bay Area Regional Advisory Comm. on DevelopmerSpeaker Nancy Pelosi-appointed CA Democratic delegateMember, CA Dem Legislative Comm. (2019-ongoing) & EMember, Northern CA Care Council (2012-ongoing): adversights and more available care for people with disabilities, under the National Steering Comm., Hand in Hand, the December of the Steering Commission to which you attended any meetings of the Board/Commission to which you	on Local Advisory Comm. (2018-) ental Disabilities (2017-ongoing) e (2017-ongoing) Disability Caucus (2017-ongoing) ocating for domestic care workers' using intersectional model. Disability Caucus (2018-ongoing) ocating for domestic care workers' using intersectional model. Disabilities (2018-ongoing) ocating for domestic care workers' using intersectional model.
Appointments confirmed by the Board of Supervisors requir Committee. Once your application is received, the Rules C a hearing is scheduled. (Please submit your application 10	ommittee Clerk will contact you when
Date: 10/15/2024 Applicant's Signature: (required)	Sascha M. Bittner
/ /pp (roquiros)	(Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)
<u>Please Note</u> : Your application will be retained for one year. all attachments, become public record.	Once completed, this form, including
FOR OFFICE USE ONLY: Appointed to Seat #: Term Expires: Date	Seat was Vacated:
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Board of Supervisors City and County of San Francisco 1 Dr. Carlton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-5163

Application for Boards, Commissions, Committees, & Task Forces

Seat # or Category (If applicable): #13, #11 Name: Robin Wilson-Beattie Nork Phone: 4043728068	ition:Disability and Sexu	5	Zip: 94109
Vork Phone: 4043728068 Fm			Zip: 94109
Vork Phone: 4043728068 Fm			
Vork Phone: 4043728068 Fm		ıal Health	
Business Address:	32		
Business E-Mail:	Home E-Mail:		
Check All That Apply: Resident of San Francisco: Yes ▣ No □	If No, place of residence:		
Resident of San Francisco: Yes No L Registered Voter in San Francisco: Yes			
Pursuant to Charter, Section 4.101(a)(1 represent the communities of interest, ethnicity, race, age, sex, sexual orienta and any other relevant demographic queries francisco:	neighborhoods, and the cation, gender identity, type	diversity s of disa	in abilities,

Business and/or professional experience:
My previous professional experience was in disability self and systems advocacy. I worked at a Center For Independent Living (a CIL), and I worked at a Center for Leadership in Disability. I created disability advocacy programs and events, wrote articles, produced informational content, and spoke with community organizations and groups. I consulted individually with disabled consumers on activism, advocacy, and life goals that were centered around living independently in the community.
My current work is in disability and sexual and reproductive health education. I speak, write, and advocate for comprehensive sexuality education and reproductive rights for people of all abilities.
Civic Activities:
in San Francisco, I am on the board of the HRC's SHARP office. I am an active voter, and have worked as an election poll worker in Alameda County.
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Have you attended any meetings of the Board/Commission to which you wish appointment? Yes ☐ No ☑
Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. (Please submit your application 10 days before the scheduled hearing.)
Date: U/15 /2024 Applicant's Signature: (required) (Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)
<u>Please Note</u> : Your application will be retained for one year. Once completed, this form, including all attachments, become public record.
FOR OFFICE USE ONLY:
Appointed to Seat #: Term Expires: Date Seat was Vacated:



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Application for Boards, Commissions, Committees, & Task Forces Name of Board, Commission, Committee, or Task Force: SF IHSS Public Authority Governing Body Seat # or Category (If applicable): Seat 12 District: Name: Daisy McArthur IHSS Provider Work Phone: _____ Employer: ____ Business Address: Business E-Mail: sstraker@sfihsspa.org Home E-Mail: _____ Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement. Check All That Apply: Resident of San Francisco: Yes 🗏 No 🗆 If No, place of residence: Registered Voter in San Francisco: Yes ■ No □ If No, where registered:

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

As a SF resident, senior citizen, IHSS Provider and Union Representative, I am qualified to represent these communities. I have been attending advocacy events for over 25 years. I am able to speak on their behalf based on my personal experiences. I continuously fight for seniors to ensure that the benefits and programs they need continue to serve them.

lic Authority Governing Body because without this program not be able to receive the care for the 2015 Union. I advocate s and negotiations. I also assis I am also cureently an IHSS clation is a serious issue. I try to and making sure their rent has n, where I volunteer to make ssions with the SF Fire turning it into a community
and making sure their rent has n, where I volunteer to make ssions with the SF Fire
and making sure their rent has n, where I volunteer to make ssions with the SF Fire
wish appointment? Yes 🗏 No
an appearance before the Rule nmittee Clerk will contact you ways before the scheduled heari
Daisy McArthur
(Manually sign or type your complete name. NOTE: By typing your complete name, you a hereby consenting to use of electronic signature.
Once completed, this form, incl
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