RECEIVED BOARD OF SUPERVISORS SAN FRANCISCO





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

## Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force	Park and Recreation Open Space Advisory Committee (PROSAC)			
	Coot 04			
	ations):			
Full Name:				
	ancisco, CA Zip Code: 94115			
	Occupation:Owner/Graduate Student			
415-829-3382 Work Phone:	Employer: Route Fitness			
Business Address: 239 Shipley Street, Unit A	A, San Francisco, CA Zip Code: 94107			
Business Email:train@routefitness.com				
Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.				
Resident of San Francisco: Yes ■ No □ I	f No, place of residence:			

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:

Born to an African American father and Caucasian mother, I have faced many challenges in life, including, acceptance, poverty, guardian abandonment, abuse, and food insecurity. While my early start may have placed a delay in my education, it did not hinder my purpose to serve the community. I became a Health advocate in 2010, and later attended City College of San Francisco. With honors, I graduated from the University of San Francisco (USF) with a Bachelor of Science in Kinesiology and a Health Studies minor in 2018. At age 46, I now own a gym in the South of Market neighborhood, called Route Fitness and am a graduate student at San Francisco State University (SFSU) in the Kinesiology program, set to graduate this May 2024 Summa Cum Laude. My coursework focuses on health promotion, social justice, disease prevention and health equity. I have received service awards and I have published work in a medical journal. I have been told my work has saved lives. To address facilitators and barriers to good health, I meet with the community in various neighbors in the city. Many members of the community have expressed some suggestions for the park and recreation department. I am ready to represent the community.

Rusiness	and/or	Prof	essional	Experience:

- 1. Route Fitness, Crunch Fitness, Club One Fitness, San Francisco, CA Advanced Certified Personal Trainer October 2010 to Present Fitness assessments, program designs, nutritional counseling, and revenue generation, along with ensuring clients gained strength, endurance, weight management, and improved sports performance. I'm am the gym owner of Route Fitness
- 2. University of San Francisco School of Law, San Francisco, CA Law Clinic Administrator March 2006 to October 2009
- Administration: Provided administrative support for 3 law professors and students;
   Constructed clinic polices Kindred Healthcare, San Francisco, CA
- 3. Business Office Manager January 2002 to March 2006 Managed payroll, accounts payable, accounts receivables, medical records, and reception departments,

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- 1. Glide Memorial October 2008 to Present Provide fitness assistance and volunteer in Daily Free Meals program for low-income and homeless population
- 2. Neighborhood Emergency Response Program (NERT) February 2020 to Present Volunteer with earthquake awareness, Disaster preparedness and hazard mitigation
- 3. Pull Yourself Up October 2023 to Present Founder of non-profit organization, providing fitness assistance and fitness access advocacy for underserved populations

Have you attended any meetings of the body to which you are applying? Yes ■ No □
An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.  Date: February 08, 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 Vacated: