BOARD of SUPERVISORS



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

	(Dept of Aging Services) Council
Name of Board/Commission/Committee/Task Force	Dept of Aging Services Council
Seat # (Required - see Vacancy Notice for qualificat	ions): 8 Rafgel Mandelman
Full Name: Morningstar P. Vancin	
	Zip Code: 94\\
	Disabled
Work Phone:	Employer: N/A
Business Address:	Zip Code: N/A
/ ,	Home Email:
authority). For certain appointments, the Board of Su Resident of San Francisco: Yes ☑ No ☐ If N 18 Years of Age or Older: Yes ☑ No ☐	No, place of residence:
neighborhoods, and the diversity in ethnicity, race, a	e how your qualifications represent the communities of interest, ge, sex, sexual orientation, gender identity, types of disabilities, City and County of San Francisco:
I am Native American,	Filipino and Gender non-comforting.
I was human kights com	comittee) and late Pat Horman.
Meresa spairs (Late)	existed who sale Biers .
Gay and lesbian.	omittee was only Bisqual,
18/2 and of the rest of Ale	
	habet. We alid Discrimination
by Durissian. We in	habet. We did Discrimination terview over 200 Plus Notive
by Omission. We in	vicises. We town Hall meeting
American in San Fra	ucisco. We town Hall meeting
American in San Fra	terview over 200 plus Native

(1990'5) Brighton Colorado - Sheriff Dept (21984-1985) I was in Philippines as Filipino Matine (1977-83)
Civic Activities:
Founding Member of Bay Area American Indian (BAAITS) 1999
Advisory Council - DAS (2018) presute) Pept of Aging Services Advisory Council - Native American Indian Dubbie Santiago -7415. 260. Cultural -7 Council
Post 448-Alexander Hamilton-Vice Commander ONLY LGDT recognized American Legeon Post in the Nation
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: 43 27 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:

I used to work. MGC South Men's Shelfer at South Market

Business and/or Professional Experience: