



Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Advisory Council to Commission on Disability and Aging Services

Seat # or Category (If applicable): 2 District: 6

Name: Allen Cooper

[Redacted] Zip: 94107
Occupation: Retired Physician

Work Phone: same Employer: _____

Business Address: same Zip: _____

Business E-Mail: adc@stanford.edu Home E-Mail: same

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:

Registered voter in San Francisco: Yes No If No, where registered: _____

Resident of San Francisco Yes No If 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:

I am a senior (80 years old) who has worked with under served populations for the past 10 years.

Business and/or professional experience:

i am a physician who specialized in liver disease for more than 40 years and after retiring have worked with under served populations for the past 10 years. While working in a clinic in homeless shelter i became particularly concerned about the problems of homeless older adults

Civic Activities:

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 2/24/2022 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.)

Please Note: 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: _____