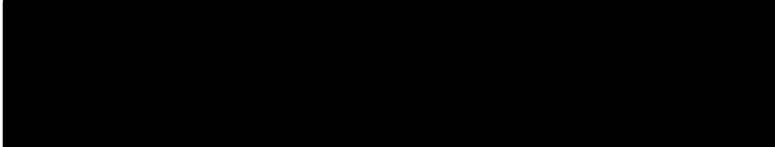**BOARD of SUPERVISORS**

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

Name of Board/Commission/Committee/Task Force: _____

Seat # (Required - see Vacancy Notice for qualifications): _____

Full Name: _Ivy Chunfang Chang_

_____ CA . Zip Code: _94131_

ation: _RETIRED_

Work Phone: _____ Employer: _CHUBB Ins. Group_

Business Address: _____ Zip Code: _____

Business Email: _____ Home Email: ▮▮▮▮▮▮▮▮

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 ☐   If No, place of residence: _____
18 Years of Age or Older: Yes ☒ No ☐

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:

(Applications must be submitted to BOS-Appointments@sfgov.org or to the mailing address listed above.)

Business and/or Professional Experience:

I AM RETIRED SINCE 2006 WORKED AT INSURANCE COMPANY FOR 34 YEARS AND BEEN DOING VOLUNTEER WORK AT JACKIE CHAN SENIOR CENTER FOR THE PAST 17 YEARS.

Civic Activities:

I HAVE NO EXPERIENCE OF ANY CIVIC ACTIVITIES OR BACKGROUND.

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: 1/29/2024   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.)

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____