

BOARD of SUPERVISORS



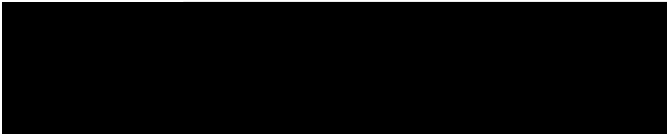
City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
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Application for Boards, Commissions, Committees, & Task Forces

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

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

Full Name: _____



Zip Code: _____

Occupation: _____

Work Phone: _____ Employer: _____

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 Mayoral Order, members of boards/commissions are required to be Covid-19 vaccinated and attend in-person meetings.

Covid-19 Vaccinated: 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:

Large empty rectangular box for providing qualifications.

Business and/or Professional Experience:

Civic Activities:

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: _____ 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 Vacated: _____