

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
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Name of Board, Commission, Commit	tee, or Task Force: SF Bicycle Advisory C	Committee	
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Name: <u>Bert (Elbert) Hill</u>			
	San Francisco, CA	Zip: <u>94127</u>	
	Occupation: Expert Witness		
Work Phone:			
Business Address:		Zip:	
Business E-Mail: echill@sfhills.org	Home E-Mail:		

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:
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Resident of San Francisco I 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:

Since 1972, I have lived in Noe Valley, Western Addition, Western SOMA, and Miraloma Park. I have nearly always traveled as a transit rider, pedestrian, or cyclist, promoting lifestyle choices that expose me to all classes, ages, ethnicities, and gender/sexual orientations. I was raised by my immigrant mother, sometimes homeless, providing me an empathetic perspective. I arrived in SF unemployed, and feel a responsibility to give back, and to that end, have served in a wide range of volunteer positions. As Chair of the Bicycle Advisory Committee for 15 yrs., I have used the position to meet concerns and desires of others who share our streets, teaching free bike safety classes to all of the community; including immigrant women who have suffered from discrimination & exclusion in their home cultures. I have officiated an LGBTQ wedding, and since 1990 played a role in Boy Scouts, changing their discriminatory policies. My wife of 44 years is of another race, our progeny are bi-racial.

Business and/or professional experience:

Bicycle Commuter Services - 17 years Certified bike safety instructor teaching 'Urban Street Skills' to over 5,000, including 800 Learn-to-Ride adults, primarily Asian and Middle Eastern women culturally discouraged from cycling as children; 8 years instructing MUNI operators safety with bicyclists; wrote and produced videos for Presidio GO and MUNI relating to bicycling; served as Expert Witness in bicycle-related litigation; public lectures on bicycle safety. Previously, Bechtel Corporation - 30 years in Project Management Technical Services and IT Management; including Project Cost Engineer on three multi-billion dollar engineering & construction projects; Corporate IT Financial Manager.

Civic Activities:

GG Bridge District Board of Directors - 6 Yr.; Chair, SF Bicycle Advisory Committee - 15 years, incl. 2005 SF Bicycle Plan; MTA Transit Effectiveness Project, Mayor's Bicycle Working Group, supporting two Civil Grand Juries, Vision Zero Task Force, SFMTA Bicycle Parking Study, & CTA reviews; Chair, Caltrans District 4 Bicycle Advisory Committee - 7 years, Reviews of policies and practices, Participant in State Highway Safety Plan (SHSP); Candidate, BART Board of Directors, 2010; NGOs - Livable City Board of Directors, SF Bicycle Coalition, Walk SF, SF Transit Riders' Union, California Bicycle Coalition, Senior & Disability Action. Recipient of SFBC Golden Wheel Award & LAB National Education Award.

Have you attended any meetings of the Board/Commission to which you wish a	appointment? Ye	es 🔳 No
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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: Nov. 17, 2020 Applicant's Signature: (required) Bert (Elbert) Hill

(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: _	