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) 544-5227	
Application for B	Boards, Commissions, Committees, & Task Forces	
	nittee/Task Force: Attiscry Council for Dischility!	Ag
Seat # (see Vacancy Notice for qua	alifications): Term expiring. DY	0
Full Name: Mar Garet		C
	Zip Code: <u>94116</u>	
	ation: Retired Attorney	
Work Phone:	Employer: 7	
Business Address:	Zip Code:	
Business Email:	Home Email:	
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residents of the City and County of S authority). For certain appointments Check All That Apply:	a)(2), Boards and Commissions establic San Francisco who are 18 years of age or older (unless otherwise stated in the code is, the Board of Supervisors may waive the residency requirement.	
residents of the City and County of S authority). For certain appointments Check All That Apply: Resident of San Francisco: Yes	San Francisco who are 18 years of age or older (unless otherwise stated in the code s, the Board of Supervisors may waive the residency requirement.	
residents of the City and County of S authority). For certain appointments Check All That Apply: Resident of San Francisco: Yes 14 18 Years of Age or Older: Yes 14 Pursuant to Charter, Section 4.1010 neighborhoods, and the diversity in and any other relevant demographi	San Francisco who are 18 years of age or older (unless otherwise stated in the code s, the Board of Supervisors may waive the residency requirement. No □ If No, place of residence:	
residents of the City and County of S authority). For certain appointments Check All That Apply: Resident of San Francisco: Yes 14 18 Years of Age or Older: Yes 14 Pursuant to Charter, Section 4.1010 neighborhoods, and the diversity in and any other relevant demographi	San Francisco who are 18 years of age or older (unless otherwise stated in the code s, the Board of Supervisors may waive the residency requirement. No □ If No, place of residence:	

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

Stypings Fand or Professional Experience: I corrently an the founder + CED of a meighor hind non-profit, "Senior Power." I am a retired attorney, w/a CAlicense to practice. I ama retired Registered Nurse w/ licenses to practice in 2 states. **Civic Activities:** member of the Advisory Council to DAS & Kold the position of 1st V. P. Lalso serve on the It Legislitive Connect. I serve correctly on Shareholder Committees for both Housing & Transportation for D4. I am currently on active member of Community Living Compaign. Have you attended any meetings of the body to which you are applying? Yes X No D

Missed moeting.

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.

_ 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:

(7/9/2021)