

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	
Name of Board, Commission, Committee, or Task Force:	hoods Citizens Advisory Committee
Seat # or Category (If applicable): #4	District: 10
Name: Uzuri Pease-Greene	
eet	Zip: 94107
Occupation: Executive	e Director
Work Phone: 415-658-7203 Employer: Community Awai	
Business Address: 107 Dakota Street	Zip: 94107
Business E-Mail: uzuri@sf-care.org Home E-Mail:	
Pursuant to Charter Section 4.101 (a)2, Boards and Commission the Charter must consist of electors (registered voters) of the San Francisco. For certain other bodies, the Board of Superv residency requirement.	City and County of
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 residen	nce:
Pursuant to Charter section 4.101 (a)1, please state how your quarepresent the communities of interest, neighborhoods, and the diethnicity, race, age, sex, sexual orientation, gender identity, types and any other relevant demographic qualities of the City and Courrences:	iversity in s of disabilities, inty of San
I am a 57 year old Black, Cuban, Itailian, and Native American female grandchildren and 4 great grand children. I have been married to my and live in public housing. Run a non profit and ALWAYS working for community. I am brn and raised in San Francisco. I have a PHD in s Service Management and M.P.A. as well and I really like people.	husband for 23 years community with
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Business and/or professional experience:	
Run a non-profit, on some boards, have been very involved professinal expereince. I have many certificates and awardone.	
Civic Activities:	
Very ative in community in a positive way.	
Have you attended any meetings of the Board/Commission to which yo	u wish appointment? Yes No
For appointments by the Board of Supervisors, appearance requirement before any appointment can be made. (Applic	
before the scheduled hearing.)	
Date: 9/21/2022 Applicant's Signature: (required)	Uzuri Na-Penda Pease-Greene
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.	
EOD OFFICE LIGE ONLY	
FOR OFFICE USE ONLY: Appointed to Seat #: Term Expires: Date	e Seat was Vacated:

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