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

No. of Decision (Company)	Park & Recreation Open Space Advisory Comm.
Name of Board/Commission/Committee/Task Force:	12
Seat # (Required - see Vacancy Notice for qualification	ions):
Full Name: Kurt Grimes	
	San Francisco, CA Zip Code: 94124
	Occupation: Program Manager
Work Phone: 415-821-4777	A. Philip Randolph Institute San Frnacisco
Work Phone: 415-821-4777 Business Address: 1301 Evans Ave	Zip Code: 94124
Business Email: KGrimesaprisf@gmail.co	
Pursuant to Charter, Section 4.101(a)(2), Boards and residents of the City and County of San Francisco who authority). For certain appointments, the Board of Su	Commissions established by the Charter must consist of o are 18 years of age or older (unless otherwise stated in the code pervisors may waive the residency requirement.
	No, place of residence:
18 Years of Age or Older: Yes ■ No □	10, place of residence.
person meetings. Covid-19 Vaccinated: Yes ■ No □	missions are required to be Covid-19 vaccinated and attend in-
	e how your qualifications represent the communities of interest, age, sex, sexual orientation, gender identity, types of disabilities, City and County of San Francisco:
	unity for 12yrs. My mission has been to support cating for the disadvantaged communities through ation.

Business and/or Professional Experience:	
Dustites	
For 12 years I have engaged members in my commi	unity to register and participate in voting.
Voter activiation, participation, education are the me in my community to vote. I have partnered with the D Democratic party and other community based organ in any and all elections.	lenartment of Elections, California
Have you attended any meetings of the body to which you are	applying? Yes □ No ■
Have you attended any meetings of the body to which you are An appearance before the Rules Committee may be required at a scheonsidering the recommended appointment. Applications should be the aring.	eduled public hearing, prior to the Board of Supervisors
An appearance before the Rules Committee may be required at a sch considering the recommended appointment. Applications should be recommended.	eduled public hearing, prior to the Board of Supervisors received ten (10) days prior to the scheduled public ed):
An appearance before the Rules Committee may be required at a sch considering the recommended appointment. Applications should be	eduled public hearing, prior to the Board of Supervisors received ten (10) days prior to the scheduled public
An appearance before the Rules Committee may be required at a sch considering the recommended appointment. Applications should be recarring. Date: 3/923 Applicant's Signature (required at a sch considering the recommended appointment. Applications should be recarring. Please Note: Your application will be retained for one year. Once consulting record.	eduled public hearing, prior to the Board of Supervisors received ten (10) days prior to the scheduled public ed): (Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)
An appearance before the Rules Committee may be required at a scheonsidering the recommended appointment. Applications should be recarring. Date: 3/923 Applicant's Signature (required at a scheonsidering the recommended appointment. Applications should be recarring. Applicant's Signature (required at a scheonsidering the recommended appointment. Applications should be recarring.	eduled public hearing, prior to the Board of Supervisors received ten (10) days prior to the scheduled public ed): (Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)
An appearance before the Rules Committee may be required at a scheonsidering the recommended appointment. Applications should be recarring. Date: 3/923 Applicant's Signature (required) Please Note: Your application will be retained for one year. Once continued to the second secon	eduled public hearing, prior to the Board of Supervisors received ten (10) days prior to the scheduled public ed): (Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.) ompleted, this form, including all attachments, become

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