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

Name of Board/Commission/Committee/Task Force: Ad Council to Com for Disability And Aging Services

Seat # (Required - see Vacancy Notice for qualifications): 2

Full Name: Allen Cooper, M/D.

[redacted] Zip Code: 94107

[redacted] Occupation: Retired Physician

Work Phone: _____ Employer: _____

Business Address: _____ Zip Code: _____

Business Email: _____ Home Emai[redacted]

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 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:

I am a retired 81yo physician. I have worked with underserved populations and have been on the Advisory Council for 5 years.
I am an Air Force veteran.

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

Business and/or Professional Experience:

See attached CV

Civic Activities:

I have been active in several advocacy orginazations

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: 3/26/2024 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: _____