

Board of Supervisors City and County of San Francisco 1 Dr. Carlton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-7714

REUSI TO AND OF SUPERMISO SAN FRANCISCO

Application for Boards, Commissions and Committees & Task Forces
Name of Board, Commission, Committee, or Task Force: Mental Health Board, Public Interest Seat:
Seat # or Category (if applicable): Family Member Public (nterest Seat.
Name: Richard Slota
Home Address: Union Street Zip: 94133
Home Phone: Occupation: retired
Home Phone: Occupation: refired Work Phone: Employer: refired
Business Address: Zip:
Business Email: Home Email
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 X No If No, where registered:
Resident of San Francisco: Yes X No If No, place of resident:
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:
although I am caucosion, my 22 year old black adopted son is homeless on the streets of som Francesco. It has a mental illness and refused all help, as a veteran I have a 100% served connected disability

Global Corner Developmental Facultator Cerlificate #0473 MAIN English, SFS 4 BAIN Profilery BAIN Thater Parts blind as a Director of Connecting Employment of Freene Empowerment Natural, helping disables find jobs. Civic Activities: Jem a member of the Playwrighte Center of SF the National alliance on Thatel Illnew (NAMI) Jem an adjudication for Theater Bay area and a member of Historical Democratic alubers and Telegraph Hill Directors Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No Y 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: 47 16 Applicant's Signature: (required) 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 #:	Business and/or Professional experience:
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