

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Comm	nittee, or Task Force:
Seat # or Category (If applicable):	District:
Name:	
Home Address	Zip:
Home Phone:	Occupation:
Work Phone:	Employer:
Business Address:	
Business E-Mail:	Zip: Home E-Mail:
the Charter must consist of ele San Francisco. For certain oth residency requirement.	101 (a)2, Boards and Commissions established by ectors (registered voters) of the City and County of er bodies, the Board of Supervisors can waive the
Check All That Apply:	
Registered voter in San Francisc	co: Yes No If No, where registered:
Resident of San Francisco	es No If No, place of residence:
represent the communities of inte ethnicity, race, age, sex, sexual or	(a)1, please state how your qualifications erest, neighborhoods, and the diversity in rientation, gender identity, types of disabilities, hic qualities of the City and County of San

Business and/or professional experience:

Civic Activities:

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

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:______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 Seat was Vacated: