

## Board of Supervisors City and County of San Francisco 1 Dr. Carlton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-5163

Application for Boards	s, Commissions, Committees	s, & Task Forces
Name of Board, Commission, Co	mmittee, or Task Force:	
Seat # or Category (If applicable):		District:
Name:		
		Zip:
<u>-</u>	Occupation:	
Work Phone:	Employer:	
Business Address:		Zip:
Business E-Mail:	Home E-Mail:	
residency requirement. Check All That Apply:		
	s □ No □ If No, place of residence	
Registered Voter in San Francis	sco: Yes □ No □ If No, where reg	istered:
represent the communities ethnicity, race, age, sex, sex	n 4.101(a)(1), please state how you of interest, neighborhoods, and the cual orientation, gender identity, to ographic qualities of the City and	ne diversity in ypes of disabilities,

Business and/or professional experience:			
Civic Activities:			
Have you attended any mastings of the Board/Commission to which yo	u wish appointment? Yes □ No □		
Have you attended any meetings of the Board/Commission to which yo	u wish appointment?		
Appointments confirmed by the Board of Supervisors requir	e an appearance before the Rules		
Committee. Once your application is received, the Rules C			
a hearing is scheduled. (Please submit your application 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 #: Date	e Seat was Vacated:		