

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

## **Application for Boards, Commissions, Committees, & Task Forces**

Seat # or Category (If applicable):		District:	
Name:			
		Zip:	
	ccupation:		
Work Phone:	Employer:		
Business Address:		Zip:	
Business E-Mail:	Home E-Mail:		
Check All That Apply:			
residency requirement.			
Check All That Apply:			
Registered voter in San F	rancisco: Yes 🗌 No 🔲 If No, wher	_	
Resident of San Francisco	o Yes No If No, place of resid	ence:	
Registered voter in San F Resident of San Francisco Pursuant to Charter section represent the communities ethnicity, race, age, sex, se	<u> </u>	ence: ualifications diversity in oes of disabilities,	
Registered voter in San F Resident of San Francisco Pursuant to Charter section represent the communities ethnicity, race, age, sex, se and any other relevant dem	No If No, place of resident 4.101 (a)1, please state how your question of interest, neighborhoods, and the exual orientation, gender identity, type	ence: ualifications diversity in oes of disabilities,	
Registered voter in San F Resident of San Francisco Pursuant to Charter section represent the communities ethnicity, race, age, sex, se and any other relevant dem	No If No, place of resident 4.101 (a)1, please state how your question of interest, neighborhoods, and the exual orientation, gender identity, type	ence: ualifications diversity in oes of disabilities,	
Registered voter in San F Resident of San Francisco Pursuant to Charter section represent the communities ethnicity, race, age, sex, se and any other relevant dem	No If No, place of resident 4.101 (a)1, please state how your question of interest, neighborhoods, and the exual orientation, gender identity, type	ence: ualifications diversity in oes of disabilities,	

Business and/or professional experience:		
Civic Activities:		
		—
Have you attended a	ny meetings of the Board/Commission	on to which you wish appointment?  Yes No
		appearance before the RULES COMMITTEE is a
		de. (Applications must be received 10 days
before the schedu	ned nearing.)	
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.)
Please Note: You	ir application will be retained f	or one year. Once Completed, this form, including
	attachments, become public re	•
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FOR OFFICE USE O	NLY:	
Appointed to Seat #:_	Term Expires:	Date Seat was Vacated: