

••	mmissions, Committees, & Task Forces
Name of Board, Commission, Committee	e, or Task Force: Bicycle Advisory Committee
Seat # or Category (If applicable): D6	
_{Name:} Mary Kay Chin	
	Zip: 94102
	Occupation: Clinical Social Worker
Work Phone:	
Business Address: 982 Mission	
Business E-Mail: marykay.chin@ucs	sf.edu Home E-Mail:
the Charter must consist of electo	I(a)(2), Boards and Commissions established by rs (registered voters) of the City and County of bodies, the Board of Supervisors can waive the
Check All That Apply:	
Resident of San Francisco: Yes 🔳 No	o □ If No, place of residence:

Registered Voter in San Francisco: Yes 🔳 No 🛛 If No, where registered: _____

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 Chinese American who was born and raised in San Francisco and I have been riding my bike here since I was 10 years old. I ride my bicycle as a bike commuter. I have been active in bicycle and pedestrian advocacy (see below) since 2009.

Business and/or professional experience:

I served on the board of directors for the San Francisco Bicycle Coalition for 4 years and helped lead our DEI, Membership and Fundraising committees. I also helped start the SF Yellow Bike Project, a volunteer-run community bike shop and education space that provided low close and free services for folxs in the Tenderloin. Currently I work as a social worker in downtown with community members who frequently use bikes and walk.

Civic Activities:

I've been serving on the D6 Bicycle Advisory Committee since 2016 and would be honored to continue to serve the neighborhood where I live and work.

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

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

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Date: 4/	Ζ	0/	Ζ	
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Applicant's Signature: (required)

Mary Kay Chin

(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: