

## 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):  Name:  Home Address:  Work Phone: En	Zip: Description: Zip: mployer: Zip:
Name: Or Or Or Or Or En En Business Address: Business E-Mail:	Zip: Description: Zip: mployer: Zip:
Home Address:O  Home Phone: O  Work Phone: E  Business Address:  Business E-Mail:	Zip:
Home Phone: O  Work Phone: E  Business Address:  Business E-Mail:	mployer: Zip:
Work Phone: End	mployer: Zip:
Business Address:Business E-Mail:	Zip:
Business E-Mail:	
	Home E-Mail:
-	<ul><li>□ No □ If No, where registered:</li><li>No If No, place of residence:</li></ul>
Pursuant to Charter section 4.101 (a)1, pl represent the communities of interest, ne ethnicity, race, age, sex, sexual orientation and any other relevant demographic qual Francisco:	lease state how your qualifications eighborhoods, and the diversity in on, gender identity, types 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	•
	, 1	
FOR OFFICE USE O	NLY:	
Appointed to Seat #:_	Term Expires:	Date Seat was Vacated: