

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, Commissions, Committees, & Task Forces

, Committee, or Task Force:	
ble):	District:
_	
	Zip:
Occupation:	
Employer:	
	Zip:
Home E-Mail:	
Yes ☐ No ☐ If No, place of residence	e:
ction 4.101(a)(1), please state how yo	
	Occupation: Occupation: Employer: Home E-Mail: Home E-Ma

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:	

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1.	Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.
2.	Please describe your experience in early childhood nutrition education, if applicable.
3.	Please describe the ways in which sugary drinks impact diverse communities across San Francisco.
4.	Please describe your experience in community-based outreach.