



**Business and/or professional experience:**

**Civic Activities:**

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

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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.)*

**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:** Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

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**FOR OFFICE USE ONLY:**

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date 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.

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2. Please describe your experience in early childhood nutrition education, if applicable.

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3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

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4. Please describe your experience in community-based outreach.

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