

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Con	mmittee, or Task Force:	
Seat # or Category (If applicable)	:	District:
Name:		
Home Address:		Zip:
Home Phone:	Occupation:	
Work Phone:	Employer:	
Business Address:		Zip:
Business E-Mail:	Home E-Mail:	
	electors (registered voters) of the bodies, the Board of Supe	•
Resident of San Francisco: Yes	s \Box No \Box If No, place of residence	ce:
Registered Voter in San Francis	sco: Yes 🗆 No 🗆 If No, where re	gistered:
represent the communities on ethnicity, race, age, sex, sex	n 4.101(a)(1), please state how y of interest, neighborhoods, and cual orientation, gender identity, ographic qualities of the City an	the diversity in , types of disabilities,

Civic Activities:

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

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.)

<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:	