



**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 and Committees**

Application for Appointment to:

Name of Board, Commission, Committee, 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:

Check All That Apply:

A citizen of the United States.

At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco

Yes:

No: (Place of Residence):

Please state your qualifications (attach supplemental sheet if necessary)

Education:

Business and/or professional experience:

Civic Activities:

Ethnicity: (optional)

Sex: (optional)

M

F

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

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

*(Applications must be received 10 days before the scheduled hearing.)*

***(Please Note: Once Completed, this form, including all attachments, become public record)***

**Date:** \_\_\_\_\_ **Applicant's Signature: (required)** \_\_\_\_\_

*Please Note:* Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_