Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714

Print Application

Application for Boards, Commissions and Committees

Application for Appointment to: _____
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): _____

Name: _____

Home Address: _____ Zip: _____

Home Phone: _____ Occupation: _____

Work Phone: _____ Employer: _____

Business Address: _____ Zip: _____

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

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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: _____

04/17/09