## BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 544-5227

## Application for Boards, Commissions, Committees, & Task Forces

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ties ew,

Former Youth Crisis Co		lateo County Mental Health, Dept. of HEW	
United Airlines, Inflight	Senior Purser (retired)		
SFAAFB Coalition, Lea	ad Liaison		
9			
Civic Activities:			
St. Paul of the Shipwre	ck Catholic Church, Pa	arish Council Chairman	
GER Intenational Produ	uctions. President		
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Have you attended any meet	tings of the bady to which w	rou are applying? Yes □ No ■	
have you attended any mee	ings of the body to which y	ou are applying? Yes 🗆 No 🔳	
An appearance before the Rules	Committee may be required	at a scheduled public hearing, prior to the Board of Superv	
considering the recommended a	appointment. Applications show	and a scheduled public hearing, prior to the Board of Superviuld be received ten (10) days prior to the scheduled public	ISOrs
hearing.			
September 23, 202	21		
Date:	Applicant's Signature (	(Manually sign or type your complete name.	7
		NOTE: By typing your complete name, you are hereby consenting to use of electronic signature	e.)
Please Note: Your application w	vill be retained for one year. O	Once completed, this form, including all attachments, become	
FOR OFFICE USE ONLY:			
Appointed to Seat #:	Term Expires:	Date Vacated:	

Page 2 of 2

(7/9/2021)