San Francisco Department of Homelessness and Supportive Housing

Committee Application

Name of Committee: _______________________________  Seat # (Required): ____________

Full Name: ________________________________

Home Address (Optional): ________________________________

Phone Number: _______________  Email: ________________________________

Employment or Involvement with HSH (If applicable): ________________________________

Have you attended any meetings of the body to which you are applying?:  Yes ☐  No ☐

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Homelessness Oversight Commission may waive the residency requirement.

18 Years of Age or Older: Yes ☐  No ☐

Resident of San Francisco: Yes ☐  No ☐  If no, place of residence: ________________________________

Please state your qualifications regarding the committee of interest:
San Francisco Department of Homelessness and Supportive Housing

Committee Application

Please list and describe the civic activities you are currently or have previously participated in:

Applicant Signature (required): ___________________________ Date: __________
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 complete, this form, including all attachments, becomes public record.

FOR OFFICE USE ONLY:
Appointed to Seat #: __________ Term Expires: __________ Date Vacated: __________