



San Francisco Department of
Homelessness and Supportive
Housing



Committee Application

Name of Committee: _____ Seat # (Required): _____
Please state all seat numbers you wish to apply for.

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:



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

An appearance before the Homelessness Oversight Commission (HOC) or the HOC's Appointment Subcommittee may be required prior to considering for the recommended appointment. Applications should be received five (5) days prior to the scheduled public hearing. Please contact Commission Secretary, Bridget Badasow bridget.badasow@sfgov.org with any questions or concerns.

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: _____