



**APPLICATION TO SERVE AS AN
ALTERNATE COMMISSIONER**
(Resolution No. 67,205–N.S.)

NAME: _____

PREFERRED PRONOUN(S): _____

RESIDENCE ADDRESS: _____
Street City Zip

EMAIL ADDRESS: _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

Special category requirements/qualifications: (Check all that apply)

Note: Alternates who do not qualify for the SSBPPoE or Police Review Commission may still serve as Alternate Commissioners on other designated commissions.

In order to serve on the Police Review Commission, I affirm the following:

I am not an officer or employee of the City.

In order to serve on the Sugar-Sweetened Beverage Product Panel of Experts (SSBPPoE), I qualify under the following:

I have experience in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption.

I have experience in early childhood nutrition education.

I have experience in a school-based food and nutrition program. (Please attach a letter of recommendation from a BUSD faculty or staff member.)

I have experience in a community-based youth food nutrition program.

I am a licensed medical practitioner.

I do not meet any of the qualifications necessary to serve on the SSBPPoE.

Are you currently employed by a program with BUSD, a community based organization or the City of Berkeley that may be selected or recommended to receive funding or other benefits as a result of any action taken by the Panel of Experts? **Please write yes or no:** _____

List any qualifications (work experience, education, attributes and training) which you feel would provide positive input to the work of the commissions and the reason why you are interested in being appointed:

Please use another sheet of paper, if necessary.

The following individuals are qualified to comment on my capabilities:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant: _____ Date: _____

***** PLEASE COMPLETE DEMOGRAPHIC SURVEY *****

Please indicate gender: Male Female Nonbinary Prefer not to say
Please indicate whether you are currently a student: Yes No
Please indicate the racial / ethnic category which you most closely identify with below (*response optional - please check only one category*):

- WHITE (not of Hispanic or Latino origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- BLACK or AFRICAN AMERICAN (not of Hispanic or Latino origin):** All persons having origins in any of the Black racial groups of Africa
- HISPANIC or LATINO:** All persons of Central / South America or other Spanish culture or origin, regardless of race
- ASIAN (not of Hispanic or Latino origin):** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent. This includes, Cambodia, China, Japan, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- AMERICAN INDIAN / ALASKAN NATIVE (not of Hispanic or Latino origin):** All persons having origins in any of the original peoples of North, Central, and South America, and who maintain cultural identification through tribal affiliation or community recognition.
- NATIVE HAWAIIAN / PACIFIC ISLANDER (not of Hispanic or Latino origin):** All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- TWO or MORE RACES (not of Hispanic or Latino origin):** All persons who identify with more than one of the above six races

*The City of Berkeley's Conflict of Interest Code requires Alternate Commissioners to file Statements of Economic Interests – FPPC Form 700. The Form 700 is a public document. For more information, please contact the City Clerk's Department at 981-6900, or visit our website at http://www.cityofberkeley.info/Clerk/Home/Conflict_of_Interest_Code.aspx.

AFFIDAVIT OF RESIDENCY

I, _____, hereby declare, under penalty of perjury, that I am a resident of the City of Berkeley. I understand that, with the exception of a temporary relocation outside of Berkeley not to exceed six months, I may no longer serve on a Berkeley Commission should this cease to be true.

Signature of Applicant: _____ Date: _____

Return this form to the City Clerk Department: 2180 Milvia Street, Berkeley, 94704



ALTERNATE COMMISSIONER APPOINTMENT FORM

Housing Advisory Commission ~ Landmarks Preservation Commission
Planning Commission ~ Police Review Commission
Sugar-Sweetened Beverage Product Panel of Experts ~ Zoning Adjustments Board

Resolution No. 67,205–N.S.

(For Mayor and Council use only)

Mayor/Councilmember _____

NAME OF APPOINTEE _____

ADDRESS _____
Street City Zip

EMAIL ADDRESS _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

Application reviewed

Special categories completed on application

Signature: _____ **Date:** _____
Mayor/Councilmember

For Mayor/Councilmember and City Use Only:

Interview Date	Appoint. Date	Process Date
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