



APPLICATION FOR APPOINTMENT BERKELEY REIMAGINING PUBLIC SAFETY TASK FORCE

NAME: _____

RESIDENCE ADDRESS: _____
Street City Zip

MAILING ADDRESS: _____
P.O. Box/Street City Zip

BUSINESS/EMPLOYER ADDRESS: _____
Street City Zip

EMAIL ADDRESS: _____

OCCUPATION/PROFESSION: _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

*** DEMOGRAPHIC SURVEY – PLEASE COMPLETE ***

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 origin.): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
 BLACK (Not of Hispanic origin.): All persons having origins in any of the Black racial groups of Africa.
 HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
 ASIAN / PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.
 AMERICAN INDIAN / ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Please identify the tribe which you are affiliated with.
 OTHER / BI-RACIAL: Persons who do not identify with any of the above categories or who have mixed or unknown racial/ethnic origins

THE FOLLOWING INDIVIDUALS ARE QUALIFIED TO COMMENT ON MY CAPABILITIES:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE/EMAIL</u>

AFFIDAVIT OF RESIDENCY*

I, _____, hereby declare, under penalty of perjury, that I am a resident 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: _____

*Residency not required for At-Large Appointees, provided that they are active, committed Berkeley stakeholders.

**The City of Berkeley's Conflict of Interest Code requires members of City of Berkeley Commissions to file Statements of Economic Interests – FPPC Form 700. The Form 700 is a public document. For more information, please contact the City Clerk Department at (510) 981-6900, or visit our website at <http://www.cityofberkeley.info/ContentDisplay.aspx?id=4176>.*



APPOINTMENT FORM: REIMAGINING PUBLIC SAFETY TASK FORCE
 (Contact information may be left blank when the information is provided by an applicant in the attached application)

APPOINTING AUTHORITY _____

NAME OF APPOINTEE _____

RESIDENCE ADDRESS _____
 Street City Zip

MAILING ADDRESS _____
 P.O. Box/Street City Zip

BUSINESS/EMPLOYER ADDRESS: _____
 Street City Zip

EMAIL ADDRESS _____

OCCUPATION/PROFESSION _____

PRIMARY PHONE: _____ **ALTERNATE PHONE:** _____

Check appropriate box: **New Appointment** **Reappointment** **Temporary Appt.**

Temporary Appt.: From (date) _____ **To (date)** _____
 (only if appointing for more than one meeting)

Please send mail to: **Home** **Mailing** **Business/Employer**

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

For Appointing Authority and City Use Only:

Interview Date	Appoint. Date	Process Date
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