

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

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



**SUGAR-SWEETENED BEVERAGE PRODUCT PANEL OF EXPERTS
APPOINTMENT FORM
(For Mayor and Council use only)**

MAYOR/COUNCILMEMBER _____

NAME OF APPOINTEE _____

RESIDENCE ADDRESS _____
Street City Zip

BUSINESS NAME/ADDRESS _____
Name
Street City Zip

EMAIL ADDRESS _____

OCCUPATION/PROFESSION _____

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

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

For Mayor/Councilmember and City Use Only:

Interview Date	Appointment Date	Process Date
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