

NAME:		
PREFERRED PRONOUN(S):		
RESIDENCE ADDRESS:		
Street	City	Zip
BUSINESS NAME/ADDRESS:		
Street	City	Zip
EMAIL ADDRESS:		
OCCUPATION/PROFESSION:		
HOME PHONE:		
I have been a resident of Berkeley since:		
I am interested in being considered for appe	pintment to the following Berkeley b	ooard(s)/commission(s):
Name of board/commission:		
Name of board/commission:		
List any qualifications (work experience, ed		
Please use another sheet of paper, if necessary.		
The following individuals are qualified to co	mment on my capabilities:	
NAME ADDR	ESS	PHONE NO
***PLEASE	COMPLETE DEMOGRAPHIC SURV	EY ***
Please indicate gender: Male Female		
Please indicate whether you are currently a stude Please indicate the racial / ethnic category which		ananaa antianal placaa ahaak anku ana aatagan);
WHITE (not of Hispanic or Latino origin): All pe	• • •	
□ BLACK or AFRICAN AMERICAN (not of Hispa		
HISPANIC or LATINO: All persons of Central / S		
ASIAN (not of Hispanic or Latino origin): Indian Subcontinent. This includes, Cambodia, Chi	All persons having origins in any of the origin	al peoples of the Far East, Southeast Asia, the
AMERICAN INDIAN / ALASKAN NATIVE (not of		
North, Central, and South America, and who maintain cultural identification through tribal affiliation or community recognition.		
ATIVE 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 Lati	no origin): All persons who identify with mor	e than one of the above six races

*The City of Berkeley's Conflict of Interest Code requires members of all City of Berkeley Commissions except the Youth Commission and Commission on Status of Women 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 https://berkeleyca.gov/your-government/public-records/conflict-interest-reports.

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: _____

*Not required for Police Accountability Board, Loan Administration Board, Elmwood BID Advisory Board, Solano BID Advisory Board, or BUSD appointees

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

BERKELEY	APPOINTMENT FOR (For Mayo	ISSIONS			
MAYOR/COUNCILMEMB	ER				
NAME OF APPOINTEE					
	N	City	Zip		
BUSINESS NAME/ADDRE			·		
		Name			
EMAIL ADDRESS	Street	City	Zip		
OCCUPATION/PROFESS	ION				
HOME PHONE:	BUSIN	IESS PHONE:			
Check appropriate box: New Appointment Reappointment Temporary Appt.					
Temporary Appt.: From (date)	To (date)	g for more than one meeting)		
Please send mail to:	🗆 Home 🛛 🗆 Bus		g for more than one meeting)		
Please indicate the name of the board/commission to which you are appointing this individual					
Board/Commission Name	9:				
***Please indicate the SPECIAL CATEGORY being fulfilled, if appointment is to ANY of the following boards or commissions: Elmwood BID Advisory Board, Human Welfare & Community Action Commission, Loan Administration Board, Solano Avenue BID Advisory Board.					
Special Category					
Signature:	Mayor/Councilmeml	ber	Date:		
For Mayor/Councilmember and City Use Only:					