



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:

Table with 3 columns: NAME, ADDRESS, PHONE/EMAIL

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: Conflict of Interest Reports.



## TASK FORCE MEMBERSHIP GOALS AND WRITTEN STATEMENT

All members must be active members of the Berkeley community and committed to the goals and success of the Task Force. Additionally, pursuant to the enabling legislation, in order to maintain the Council's commitment to centering the voices of those most impacted, appointments to the Task Force should reflect a diverse range of experiences, knowledge, expertise and representation, and be made with the goal of achieving a balance of the following criteria:

- Representation from Impacted Communities:
  - Formerly incarcerated individuals
  - Victims/family members of violent crime
  - Immigrant community
  - Communities impacted by high crime, over-policing and police violence
  - Individuals experiencing homelessness
  - Historically marginalized populations
- Faith-Based Community Leaders
- Expertise/Leadership in Violence Prevention, Youth Services, Crisis Intervention, and Restorative or Transformative Justice
- Health/Public Health Expertise
- City of Berkeley labor/union representation
- Law Enforcement Operation Knowledge
- City Budget Operations/Knowledge

***Describe how your experience, education, attributes, and training qualify you for appointment to the Task Force, and which membership criteria listed above apply to you. Attach additional pages if needed.***

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Return this form to the City Clerk Department, 2180 Milvia Street, 1<sup>st</sup> Floor, Berkeley, CA 94704**



**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