

**APPLICATION FOR APPOINTMENT TO BERKELEY  
BOARDS AND COMMISSIONS**

**NAME:** \_\_\_\_\_

**RESIDENCE ADDRESS:** \_\_\_\_\_

Street

City

Zip

**BUSINESS NAME/ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**OCCUPATION/PROFESSION:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_

I have been a resident of Berkeley since: \_\_\_\_\_

(Response optional) Sex: \_\_\_\_\_ Race (circle one): White Black Hispanic Asian  
Native American

I am interested in being considered for appointment to the following Berkeley  
board(s)/commission(s):

\_\_\_\_\_  
(Name of board or commission)

\_\_\_\_\_  
(Name of board or commission)

List any qualifications (work experience, education, attributes and training) which you feel would  
provide positive input to the work of the commission 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: \_\_\_\_\_ Date: \_\_\_\_\_

\*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 <http://www.ci.berkeley.ca.us/clerk/conflict/>.

*Please return this form to the City Clerk Department*

**APPOINTMENT FORM - BOARDS AND COMMISSIONS**  
**(For Mayor and Council use only)**

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**Mayor/Councilmember:**

**NAME OF APPOINTEE** \_\_\_\_\_

**RESIDENCE ADDRESS** \_\_\_\_\_

**BUSINESS NAME/ADDRESS** \_\_\_\_\_ street zip

name

street

**EMAIL ADDRESS** \_\_\_\_\_ zip

**OCCUPATION/PROFESSION** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_

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

**Please send mail to:**      **Home**      **Business**

**Please indicate the name of the board/commission you are appointing this individual to:**

\_\_\_\_\_ **Board/Commission Name**

*Please indicate on the space below the special category being fulfilled, if appointment is to any of the following boards/commissions: Community Health Commission, Elmwood Advisory Board, Fire Assessment Commission, Human Welfare and Community Action Commission, or the West Berkeley Project Area Commission.*

\_\_\_\_\_ **Special Category**

**From:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mayor/Councilmember (please print or type)

**Signature:** \_\_\_\_\_

Mayor/Councilmember

**For Mayor/Councilmember and City Use Only:**

**Date interviewed** \_\_\_\_\_

**Date appointed** \_\_\_\_\_

**Date processed** \_\_\_\_\_

**Date COI received** \_\_\_\_\_

**Date oath administered** \_\_\_\_\_