



**APPLICATION TO SERVE AS AN
ALTERNATE COMMISSIONER**
(Resolution No. 67,205–N.S.)

NAME: _____

ADDRESS: _____
Street City Zip

EMAIL ADDRESS: _____

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

Special category requirements/qualifications: (Check all that apply)

Note: Alternates who do not qualify for the SSBPPoE or Police Review Commission may still serve as Alternate Commissioners on other designated commissions.

In order to serve on the Police Review Commission, I affirm the following:

I am not an officer or employee of the City.

In order to serve on the Sugar-Sweetened Beverage Product Panel of Experts (SSBPPoE), I qualify under the following:

I have experience in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption.

I have experience in early childhood nutrition education.

I have experience in a school-based food and nutrition program. (Please attach a letter of recommendation from a BUSD faculty or staff member.)

I have experience in a community-based youth food nutrition program.

I am a licensed medical practitioner.

I do not meet any of the qualifications necessary to serve on the SSBPPoE.

Are you currently employed by a program with BUSD, a community based organization or the City of Berkeley that may be selected or recommended to receive funding or other benefits as a result of any action taken by the Panel of Experts? **Please write yes or no:** _____

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

*** PLEASE COMPLETE DEMOGRAPHIC SURVEY BELOW ***

Please indicate gender: Male Female
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 City of Berkeley's Conflict of Interest Code requires Alternate Commissioners 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.cityofberkeley.info/Clerk/Home/Conflict_of_Interest_Code.aspx.

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



ALTERNATE COMMISSIONER APPOINTMENT FORM

Housing Advisory Commission ~ Landmarks Preservation Commission
Planning Commission ~ Police Review Commission
Sugar-Sweetened Beverage Product Panel of Experts ~ Zoning Adjustments Board

Resolution No. 67,205–N.S.

(For Mayor and Council use only)

Mayor/Councilmember _____

NAME OF APPOINTEE _____

ADDRESS _____
Street City Zip

EMAIL ADDRESS _____

HOME PHONE: _____ BUSINESS PHONE: _____

Application reviewed

Special categories completed on application

Signature: _____ Date: _____
Mayor/Councilmember

For Mayor/Councilmember and City Use Only:

Interview Date	Appoint. Date	Process Date
_____	_____	_____