



APPLICATION FOR APPOINTMENT TO BERKELEY
COMMUNITY HEALTH COMMISSION

Redistricting Commissioners
may not be eligible to serve.
Contact the City Clerk to verify.

NAME: _____

PREFERRED PRONOUN(S): _____

RESIDENCE ADDRESS: _____
Street City / State Zip

BUSINESS NAME / ADDRESS: _____
Street City / State Zip

EMAIL ADDRESS: _____

OCCUPATION / PROFESSION: _____

HOME PHONE: (____) _____ BUSINESS PHONE: (____) _____

Please send mail to: Home Business

I have been a resident of Berkeley since _____

I qualify for appointment under the following: (applicant must check one box, as appropriate)

- A parent of a child or children eligible for state reimbursed services under the Child Health and Disability Prevention Program as defined in the California Health and Safety Code.
- I hereby state that neither my spouse nor myself are employed by an individual or agency providing health services to the public for a fee, nor a provider of health services to the public.
- A physician whose major interest is in child and adolescent health services.
- A representative of a public or private educational agency who has responsibilities for providing, administering or planning health services specifically for children and adolescents.
- An individual interested in the health of women, children and adolescents.

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: _____

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: _____

*****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

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>.

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

COMMUNITY HEALTH COMMISSION APPOINTMENT FORM

(For Mayor and Council use only)

MAYOR/COUNCILMEMBER _____

NAME OF APPOINTEE _____

RESIDENCE ADDRESS _____

Street City Zip

BUSINESS NAME/ADDRESS _____

Name of the Business

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 indicate the SPECIAL CATEGORY being fulfilled (refer to checklist on application)*****

Special Category _____

Signature: _____ **Date:** _____

For Mayor/Councilmember and City Use Only:

Interview Date	Appoint. Date	Process Date
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