

## APPLICATION FOR APPOINTMENT BERKELEY REIMAGINING PUBLIC SAFETY TASK FORCE

NAME:					
MAILING ADDRESS:	Street	City	Zip		
	P.O. Box/Street	City	Zip		
BUSINESS/EMPLOYER					
	Street	Ci	ty Zip		
EMAIL ADDRESS:					
OCCUPATION/PROFES	SION:				
PRIMARY PHONE:	PRIMARY PHONE: ALTERNATE PHONE:				
		RVEY - PLEASE COMPLET	E ***		
	□ Male □ Female □ Nonbi ou are currently a student:	nary  ☐ Prefer not to say ☐ Yes  ☐ No			
	ethnic category which you n		elow		
WHITE (Not of Hispanic orig	gin.): All persons having origins in any o	of the original peoples of Europe, No	rth Africa, or the Middle East.		
_	gin.): All persons having origins in any	• • • •			
			r Spanish culture or origin, regardless of race.		
ASIAN / PACIFIC ISLA Subcontinent, or the Pacific Is	<b>NDER:</b> All persons having origins in a lands. This area includes, for example,	any of the original peoples of the Far , China, Japan, Korea, and Samoa.	East, Southeast Asia, the Indian		
AMERICAN INDIAN / A cultural identification through	LASKAN NATIVE: All persons hat tribal affiliation or community recognition	aving origins in any of the original pe n. Please identify the tribe which you	oples of North America, and who maintain a are affiliated with.		
OTHER / BI-RACIAL: P	ersons who do not identify with any of	the above categories or who have m	ixed or unknown racial/ethnic origins		
THE FOLLOWING INDIV	IDUALS ARE QUALIFIED	TO COMMENT ON MY CA	APABILITIES:		
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 <a href="http://www.cityofberkeley.info/ContentDisplay.aspx?id=4176">http://www.cityofberkeley.info/ContentDisplay.aspx?id=4176</a>.



## 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, overpolicing 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, 1st Floor, Berkeley, CA 94704

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## 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 AUTHORIT	ГҮ				
NAME OF APPOINTEE					
RESIDENCE ADDRESS					
	Street	(	Sity		Zip
MAILING ADDRESS	P.O. Box/Street	(	City		Zip
BUSINESS/EMPLOYER	ADDRESS:				
EMAIL ADDRESS		Street		City	Zip
OCCUPATION/PROFES					
PRIMARY PHONE:		_ ALTERNATE	PHONE:		
Check appropriate box:	□ New Appointm	ent 🗆 Reappo	ointment	□ Tempora	ry Appt.
Temporary Appt.: From	(date)		To (date) (only if appo	binting for more t	han one meeting)
Please send mail to:	☐ Home	□ Mailing	☐ Business/Employer		yer
Signature:				Date:	
Mayor/Councilmember/Authorized Agent					

## For Appointing Authority and City Use Only:

Interview Date	Appoint. Date	Process Date