

**APPLICATION FOR APPOINTMENT TO BERKELEY  
HOMELESS SERVICES PANEL OF EXPERTS**

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

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

Street

City

Zip

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

Street

City

Zip

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

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

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

COUNCIL DISTRICT \_\_\_\_\_

**The Municipal Code specifies that applicants must have experience in at least one of the following categories. Please check which of the following is applicable and provide below a brief explanation as to why.**

**I qualify for appointment under the following: (applicant must check one or more boxes, as appropriate)**

- I have experience in the development, administration, provision and/or evaluation of homeless programs in a government or non-profit capacity.

Explain: \_\_\_\_\_

- I have current or past lived experience with homelessness.

Explain: \_\_\_\_\_

- I have experience in researching the causes, impacts, and solutions to homelessness.

Explain: \_\_\_\_\_

- I have experience with federal homeless policy and funding administration such as the Continuum of Care Program.

Explain: \_\_\_\_\_

- I have experience in the development and financing of affordable housing for formerly homeless persons.

Explain: \_\_\_\_\_

- I have experience in the provision of mental health and/or substance use programs for homeless persons.

Explain: \_\_\_\_\_

**Are you currently employed by a community based organization or local agency 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 commission and the reason why you are interested in being appointed: (Please use another sheet of paper, if necessary)

\_\_\_\_\_  
\_\_\_\_\_

The following individual is qualified to comment on my capabilities:

(name, address, phone) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ 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 Department at 981-6900, or visit <http://www.ci.berkeley.ca.us/clerk/conflict/>.

**\*\*\*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 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

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

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



**HOMELESS SERVICES PANEL OF EXPERTS  
 APPOINTMENT FORM  
 (For Mayor and Council use only)**

**MAYOR/COUNCILMEMBER** \_\_\_\_\_

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

**RESIDENCE ADDRESS** \_\_\_\_\_  
 Street City Zip

**BUSINESS NAME/ADDRESS** \_\_\_\_\_  
 Name  
 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 send mail to:**  Home  Business

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Mayor/Councilmember

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

Interview Date	Appointment Date	Process Date
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