

**APPLICATION FOR APPOINTMENT TO BERKELEY
SUGAR-SWEETENED BEVERAGE PRODUCT 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 Initiative specifies that applicants must meet at least one of the following. 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 researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption.

Explain: _____

- I have experience in early childhood nutrition education.

Explain: _____

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

Explain: _____

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

Explain: _____

- I am a licensed medical practitioner.

Explain: _____

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 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: _____ 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

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



**SUGAR-SWEETENED BEVERAGE PRODUCT 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 |
|----------------|------------------|--------------|