



APPLICATION FOR APPOINTMENT TO BERKELEY
SUGAR-SWEETENED BEVERAGE PRODUCT PANEL OF EXPERTS

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

NAME: _____

PREFERRED PRONOUN(S): _____

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: <https://berkeleyca.gov/your-government/public-records/conflict-interest-reports>

*****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

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
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