

## **Advisory Committee Member Application**

		Ap	oplicant Inforr	nation			
Full Name:						Date:	
Address (Personal):	City					County	
Phone:			Email				
		Em	ployment Info	rmation			
Place of Work:						Title:	
Agency Type (select one)	PUBLIC AGENCY	INDIVIDUAL	COMMUNITY GROUP	BUSINESS	NON- PROFIT		
Jurisdiction of Position:							
	City					County(ies)	
Statutorily-listed entity? (If yes, select below; if no, leave blank):							
☐ California Department of Fish and Wildlife							
☐ State Coastal Conservancy							
☐ San Francisco Bay National Wildlife Refuge Complex							
☐ Open Sp	ace/Park District						
☐ San Francisco Bay Regional Water Quality Control Board							
☐ San Frar	ncisco Bay Joint Ven	ture					
☐ San Fran	ncisco Bay Trail						
☐ San Fran	ncisco Estuary Partne	ership					
☐ Non-governmental organization							
☐ Public member							

## Area(s) of Expertise

Please select your top three areas of expertise from those listed below. For each area of expertise selected, please briefly explain your experience with that particular area of expertise.
☐ Habitat restoration
☐ Environmental justice
☐ Water quality
☐ Flood protection
☐ Public access and recreation
☐ Pollution reduction
☐ Economics
☐ Public and private financing
☐ Community engagement
☐ Regulatory policies
Regional and local governance in the San Francisco Bay Area
Operation and maintenance of public lands
☐ Monitoring and evaluation of restoration
☐ Public and private partnerships
☐ Public health
☐ Climate change
Area of Expertise #1:
Area of Expertise #2:
Area of Expertise #3:

Interest in the Advisory Committee
Please explain why you are interested in joining the Restoration Authority's Advisory Committee:
Please explain what you can bring to the Restoration Authority's Advisory Committee:

## OPTIONAL: Diversity

The Restoration Authority strives for an Advisory Committee with racial, ethnic, income, and gender diversity. Please provide any relevant information you would like to share below.