

Board of Supervisors Supplemental Application for Appointment to the Reentry Council
Pretrial Services Seat – Seat 6

Seat 6: Must be a representative of the entity or agency primarily responsible for administering pretrial services involving alternatives to incarceration in San Francisco, for a two-year term.

Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, **you may provide a business or office address,** telephone number and e-mail address instead of your home address or other personal contact information.

Print Name: _____

Home Address: _____ **Zip:** _____

Home Phone: _____ **Occupation:** _____

Work Phone: _____ **Employer:** _____

Business Address: _____ **Zip:** _____

E-mail Address: _____ **FAX #:** _____

1. What do you hope that the Reentry Council will achieve in the future?

- 2. Please provide information about your organization and all of the pretrial services it provides, including those that are alternatives to incarceration.**

If necessary, please attach supplemental sheet(s) and/or attachments to completely answer the two questions above.