



The City of Port Angeles
Public Safety Advisory Board Application

Public Safety Advisory Board
Applicant Name and General Information

 First MI Last

 Address City State Zip

 Home phone Work phone Cell phone

 E-mail address

Certification and Location Information

Are you employed by the City of Port Angeles?..... Yes No

Are you a citizen of the United States?..... Yes No

Are you a Registered Voter?..... Yes No

Do you live within the City of Port Angeles limits?..... Yes No

If so, how long:.....

Do you own/manage a business in the City?..... Yes No

Do you hold any professional licenses, registrations or certificates in any field?..... Yes No

If so, please list: _____

Are you aware of any conflict of interest which might arise by your service on the advisory board that you are applying for? If so, please explain:



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Work or Professional Experience - List most recent experience first, or attach a resume

Employer

Brief job description

Employer

Brief job description

Employer

Brief job description

Education – List most recent experience first

		Yes	No
Institution/Location	Degree earned/Major area of Study	Graduated?	
		Yes	No
Institution/Location	Degree earned/Major area of Study	Graduated?	
		Yes	No
Institution/Location	Degree earned/Major area of Study	Graduated?	

Charitable, Social and Civic Activities and Memberships – List major activities you have participated in during the last five years

Organization/Location

Group's purpose/objective

Brief description of your participation

Organization/Location

Group's purpose/objective

Brief description of your participation



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2.26.020 - Composition of Board

The Board shall consist of 12 members, who shall meet the following criteria, provided that a majority of the members shall be City residents:

Please check all that apply:

- Owners or managers of businesses located within the City:
- Representative from the Port Angeles School District #121:
- High school student that is recommended by school administration
- Member affiliated with an associated EMS agency that operates in the City of Port Angeles
- Tribal members
- Represent diverse segments of the community
- Experienced homelessness or a chemical use disorder, or have worked with people that have experienced homelessness or a chemical use disorder

If you would like to speak to your qualifications, please feel free to share information below or provide a resume as an attachment to this application.

Public Safety Advisory Board Applicant Supplemental Questionnaire

1. Have you ever been employed in a public safety position or worked in the public safety profession?

If “yes”, please describe your experience?

2. What is it that interests you about public safety?



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3. Is there an area of public safety that specifically interests you?

- Law enforcement
- Fire
- 911 / Dispatch
- Emergency Management
- Emergency medical services

4. Are you interested in participating in an annual and scheduled “ride along” with both Police and Fire/EMS personnel?

5. What issue(s) do you believe are the most pressing issue(s) that impacts public safety in Port Angeles?

Applicant Signature

Date

Submit completed forms to:

Office of the City Clerk
City of Port Angeles
321 East 5th Street
Port Angeles, WA 98362

Kari Martinez-Bailey
360-417-4634
kmbailey@cityofpa.us

In compliance with the Americans with Disabilities Act, if you need special accommodations because of a physical limitation, please contact the City Manager’s Office at 360-417-4500 so appropriate arrangements can be made.

This document and all attached information is considered a public record and may be distributed to members of the City Council for appointment consideration. Additionally, it may become a part of a City Council packet.