



The City of Port Angeles 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

Are you a City resident?..... 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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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?

3. Is there a particular 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) are the most pressing issue 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.