



# *Renton Police Department*

## *Chief's Community Council*

### **Advisory Board Application**

#### **PERSONAL INFORMATION**

Full Name: \_\_\_\_\_  
*First MI Last*

Date of Birth: \_\_\_\_\_ Occupation (if retired, list previous occupation): \_\_\_\_\_

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number (home): \_\_\_\_\_ (cell): \_\_\_\_\_

**How did you hear about position?** \_\_\_\_\_

#### **Please check all that apply to you (within Renton City Limits):**

- Resident  Business Owner/Representative  School District Representative  Student (age 16-23)  
 Civic Organization

#### **PERSONAL REFERENCES**

*Please list two (2) people we can contact for character reference. These individuals may not be relatives and must be people you have known for at least 1 year.*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 home  cell  work

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 home  cell  work

#### **INTERESTS & BACKGROUND**

1. What are the reasons you would like to participate on this council? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list your interests, hobbies, community activities, memberships, languages, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If you could change/improve one thing about policing as a profession, what would it be?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION (OPTIONAL)**

The City of Renton is committed to inclusiveness and outreach for all Renton residents to ensure that Renton boards and councils are reflective of the community we serve. Providing information in the section below is voluntary but will assist us in achieving this goal.

**Please check the ethnicity with which you identify. You may select more than one category.**

- |   |  |
|---|--|
| <input type="checkbox"/> Black/African American           | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Two or more races                         |
| <input type="checkbox"/> Hispanic or Latino               |  |

**Which of the following most accurately describes you?**

- Female  Male  Non-Binary  Transgender  Intersex  I Prefer Not to Say

**Active Military:** Yes  No       **Veteran:** Yes  No

**Do you have a disability as defined by the Americans with Disabilities Act?** Yes  No

**IMPORTANT! UNDERSTANDING OF APPLICATION**

I, \_\_\_\_\_, certify that I have read and understand all questions and statements contained in this application; further, that all statements I have made herein are true and correct to the best of my knowledge and belief.

I understand that if selected for a position to serve on the Chief’s Community Council, I will be required to attend a majority of the meetings held.

I verify that I have read and understand the Chief’s Community Council Charter Agreement.

I understand this application authorizes a personal reference check, and hereby authorize any individual with whom I have been associated to furnish the City of Renton any pertinent information concerning my character. I do hereby release all individuals connected herewith from all liability for any damages whatsoever incurred in furnishing such information.

NOTE: This application is subject to public disclosure. Certain information is exempt from disclosure. Refer to RCW 42.56 for information on state law regarding public records and certain records that are exempt from public disclosure.

Information contrary to State laws against discrimination is not sought or utilized.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please submit completed application:** [ChiefsCouncil@rentonwa.gov](mailto:ChiefsCouncil@rentonwa.gov)

For additional information, visit [rentonwa.gov/ccc](http://rentonwa.gov/ccc)

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***For Office Use Only***

Accepted

Declined

Initials: \_\_\_\_\_

Date: \_\_\_\_\_