



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

- Black/African American
- American Indian or Alaska Native
- Asian
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races

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

For Office Use Only

Accepted Declined Initials: _____

Date: _____