



POLICE COMPLAINT COMMITTEE APPLICATION

Created to assist the Chief of Police with the policies, practices and procedures concerning the processing of complaints against police officers, the Police Complaint Committee shall meet monthly on a day and time to be determined.

Applicants must be City residents
(please type or print clearly)

NAME: _____ HOME PHONE: _____

CURRENT MEMBER SEEKING RE-APPOINTMENT: YES NO

HOME ADDRESS: _____ ZIP CODE: _____

Select one or both: I am applying for: Chair _____ Member _____

Appointment is for a 3-year term. Applicants for Chair must be willing to serve as Chair for 3 years

I AM A CITY RESIDENT OF DISTRICT: 1 2 3

HOW LONG HAVE YOU LIVED IN SARASOTA? _____

OCCUPATION: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

ARE YOU CURRENTLY SERVING ON A CITY BOARD? YES NO

IF YES WHICH BOARD? _____

RESUME OF EDUCATION AND EXPERIENCE

LIST ANY CRIMINAL JUSTICE EXPERIENCE:

MEMBER OF THE FOLLOWING CIVIC ORGANIZATIONS:

WHY DO YOU DESIRE TO SERVE ON THE POLICE COMPLAINT COMMITTEE?

HAVE YOU EVER BEEN CONVICTED OR PLED "NO CONTEST" TO A FELONY OR MISDEMEANOR OFFENSE? YES NO

IF CONVICTED OF A FELONY, HAVE YOUR CIVIL RIGHTS BEEN RESTORED: YES NO

GIVE DETAILS: _____

I UNDERSTAND THAT IF APPOINTED, I WILL SERVE ON THE ABOVE COMMITTEE WITHOUT COMPENSATION AND AT THE PLEASURE OF THE CITY COMMISSION.

I HEREBY ACKNOWLEDGE THAT IF APPOINTED I WILL BE ASSIGNED A CITY PROVIDED E-MAIL ACCOUNT. I UNDERSTAND AND ACCEPT THAT, IN ACCORDANCE WITH CITY POLICY AS STATED IN RESOLUTION NO. 10R-2187, ALL E-MAIL CORRESPONDENCE RELATED TO THE BUSINESS OF THE ADVISORY BOARD TO WHICH I AM APPOINTED MUST BE CONDUCTED ON A CITY ISSUED E-MAIL ACCOUNT.

APPLICANT'S SIGNATURE

PLEASE NOTE:
APPLICANTS FOR APPOINTMENT ARE REMINDED OF THE PROVISIONS OF THE FLORIDA STATUTES CONCERNING CONFLICTS OF INTEREST. PLEASE DIRECT ANY QUESTIONS RELATIVE TO CONFLICT OF INTEREST TO THE CITY AUDITOR AND CLERK, TELEPHONE NO. 954-4160.

ALL APPLICATIONS ARE RETAINED FOR ONE (1) YEAR AFTER THE DATE OF APPLICATION. A NEW APPLICATION WILL BE REQUIRED AT THAT TIME. SEND COMPLETED FORMS TO:

**OFFICE OF THE
CITY AUDITOR AND CLERK
CITY OF SARASOTA
P.O. BOX 1058
SARASOTA, FL 34230**