

260 SE Kamiaken St., Pullman, WA 99163-2664

## **Police Department**

Gary Jenkins, Chief of Police Police Business (509) 334-0802 Police Fax (509) 332-0829 police@pullman-wa.gov

www.pullman-wa.gov/departments/police

## **APPLICATION FOR PULLMAN POLICE ADVISORY COMMITTEE**

nysical Address:			
Street Address Street Address	City	State	Zip Code
ailing Address: Mailing Address	City	State	Zip Code
ome Telephone:			·
mployer:			
mail address:			
Month/Day/Year	's License:State & Number		
I live on Military Hill I live on Pioneer Hill I live on Sunnyside Hill I am a local business owner or manager I am a WSU faculty or staff member I am a WSU student I am a Pullman School District faulty or staff I am a Pullman High School student I am the parent of a Pullman High School st I am the parent of a Lincoln Middle School st I am interested in representing the Multiculte I am interested in representing the "at-large	tudent student ural community	llman	
Why are you interested in serving on this co	ommittee?		

## **Pullman Police Advisory Committee Application - Continued**

	What are your qualifications (i.e. do you have experience in this field or interests in this area)?
<b>3.</b>	What do you view the responsibilities of serving on this committee to be?
	How much time could you allow for the work and duties of this position?
<b>5</b> .	Please submit information about your community service (you may attach a brief résumé)
<b>)</b> .	Please provide the names and phone numbers of three references
	Name:Phone:
	Name:         Phone:           Name:         Phone:
un he	reby give my consent to the Pullman Police Department to perform that check.
in he	derstand that a local record check will be performed as part of this application process, and reby give my consent to the Pullman Police Department to perform that check.  Date
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un he	olicant Signature  Please return completed form to: Pullman Police Advisory Committee  C/O Pullman Police Department
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un he	olicant Signature  Please return completed form to: Pullman Police Advisory Committee  C/O Pullman Police Department
App	Date  Please return completed form to: Pullman Police Department Pullman Police Department Pullman Police Advisory Committee c/o Pullman Police Department 260 SE Kamiaken St. Pullman, WA 99163  ****FOR OFFICIAL USE ONLY*** Spillman Name Number: Local Records Check:  SPILLMAN SPILLMAN SPILLMAN Spillman Case Number: Local Records Conducted By:  Date  Date:  D
Apr	Please return completed form to: Pullman Police Department to perform that check.  Please return completed form to: Pullman Police Department  260 SE Kamiaken St. Pullman, WA 99163  ****FOR OFFICIAL USE ONLY*** Spillman Name Number: Local Records Check:  SPILLMAN SPILLMAN LINX Other: Date of this application process, and the pr