



CITY OF PULLMAN WASHINGTON

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

Please provide information as requested below. Inaccurate or incomplete applications may be denied.

Name: _____
Last Name First Name Middle Name

Physical Address: _____
Street Address City State Zip Code

Mailing Address: _____
Mailing Address City State Zip Code

Home Telephone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email address: _____

Date of Birth: _____ Driver's License: _____
Month/Day/Year State & Number

Please check all that apply below:

- I live on College Hill
- 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 faculty or staff member
- I am a Pullman High School student
- I am the parent of a Pullman High School student
- I am the parent of a Lincoln Middle School student
- I am interested in representing the Multicultural community
- I am interested in representing the "at-large" community of the City of Pullman

Please answer the following questions:

1. Why are you interested in serving on this committee? _____

Pullman Police Advisory Committee Application - Continued

2. What are your qualifications (i.e. do you have experience in this field or interests in this area)? _____

3. What do you view the responsibilities of serving on this committee to be? _____

4. How much time could you allow for the work and duties of this position? _____

5. Please submit information about your community service (you may attach a brief résumé) _____

6. Please provide the names and phone numbers of three references

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I am interested in serving as a citizen member of the Pullman Police Advisory Committee. I understand that a local record check will be performed as part of this application process, and hereby give my consent to the Pullman Police Department to perform that check.

Applicant Signature

Date

Please return completed form to:
Pullman Police Advisory Committee
c/o Pullman Police Department
260 SE Kamiaken St.
Pullman, WA 99163

*****FOR OFFICIAL USE ONLY*****

Spillman Name Number: _____ Application Received (Date/Initials): _____

Local Records Check: SPILLMAN LiNX Other: _____ Date: _____

Interview Conducted By: _____ Date: _____

Chief of Police Review: Any Concerns? No Yes (see attached) Date: _____

Mayor/City Supervisor Review: Any Concerns? No Yes (see attached) Date: _____

Forwarded to Committee for Vote: Date: _____ Final Disposition: Approved Denied