

# POLICY COMMITTEE APPOINTMENTS INTEREST FORM

The purpose of this form is to assist the Chair of the Board on Public Safety Standards and Training in evaluating the qualifications of an applicant for appointment to a policy committee of the board. Please complete the entire form and return to:

*Tammera Hinshaw , DPSST, 4190 Aumsville Hwy SE, Salem, OR 97317*  
*Phone (503) 378-2428 Fax (503) 378-3330*

## POLICY COMMITTEE APPOINTMENT DESIRED

\_\_\_\_\_

Policy Committee

\_\_\_\_\_

Position Requirements, if any (e.g. public member, profession, representation)

## PERSONAL DATA

Preferred Mailing Address: Home  Business  Preferred Title \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Spouse's Name (optional) \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

*If this information below is unknown, please call your County Elections Office*

Name of your State Senator \_\_\_\_\_ Senate District # \_\_\_\_\_

Name of your State Representative \_\_\_\_\_ House District # \_\_\_\_\_

Name of your US Representative \_\_\_\_\_ Congressional District # \_\_\_\_\_

To assist us in meeting our affirmative action objectives, we would appreciate information about your gender and background. This information is optional. Under state and federal law, this information may not be used to discriminate against you.

### Gender

- Male  
 Female

### Race/Ethnic

- Asian or Pacific Islander  
 Black  
 Hispanic

- Native American  
 White  
 Multiracial/Other

### Disability

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**EDUCATION** Schools attended, include high school. *A current resume may be substituted for this section.*

School	City & State	Dates	Degree/Major
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**EMPLOYMENT & EXPERIENCE** List major paid employment & significant volunteer activities. List chronologically beginning with most recent experience. *A current resume may be substituted for this section.*

Dates (from-to)	Employer/Organization	City & State	Title/Position
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**INTEREST IN APPOINTMENT** Describe in detail why you are interested in serving on this particular committee. Include information about your background that supports your interest. *You may complete this section on a separate sheet.*

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All appointments must be ratified by the Board on Public Safety Standards and Training.

I will accept appointment if selected and if appointed pledge my best efforts to resolve, before assumption of office, any conflicts of interest that would be inconsistent with my responsibilities as an appointee.

Signature \_\_\_\_\_

Date \_\_\_\_\_