



APPLICATION FOR APPOINTMENT TO BERKELEY POLICE ACCOUNTABILITY BOARD

Redistricting Commissioners may not be eligible to serve. Contact the City Clerk to verify.

The purpose of the City of Berkeley Police Accountability Board is to promote public trust through independent, objective, civilian oversight of the Berkeley Police Department, provide community participation, review departmental policies, practices, and procedures, to provide a means for prompt, impartial and fair investigation of complaints brought by members of the public against sworn employees of the Berkeley Police Department.

NAME: _____

RESIDENCE ADDRESS: _____
Street City Zip

MAILING ADDRESS: _____
Street City Zip

EMAIL ADDRESS: _____

OCCUPATION/PROFESSION: _____

PRIMARY PHONE: _____ **ALTERNATE PHONE:** _____

By checking the boxes below, I affirm these facts to be true.

- I am a resident of Berkeley, California.
- I am 18 years old or older.
- I am not an employee, officer, or contractor with the City, a current sworn police officer from any agency, or a current employee, official, or representative of an employee association representing sworn police officers.
- I will be fair minded and objective.
- I have a demonstrated commitment to community service.
- I am aware that all appointees to the Board are subject to background checks before final appointment and I consent to the required background check. A criminal record is not a bar to appointment.
- I understand that the City Charter states the desirable qualities of a Board member as: familiarity with human resources, law, police procedures, police oversight, or involvement in civil rights or community organizations.
- I can work successfully in a multiracial, multicultural, multigenerational environment.
- I will listen deeply to all perspectives before making decisions.
- I have the ability to compromise.

WRITTEN RESPONSES

Please use another sheet of paper, if necessary.

Why are you interested in being appointed to the Police Accountability Board?

List any experiences, qualifications, occupation (lived experience, work experience, education, attributes, and training) which qualify you for appointment.

INCLUSIVITY SURVEY
Pursuant to City Charter Article XVIII, Section 6(b)

RACE/ETHNICITY:

- BLACK** (Not of Latinx/Hispanic origin.): All persons having origins from the original people of Africa.
- LATINX / HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
- ASIAN / PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, Samoa, Fiji and Tonga.
- NATIVE AMERICAN (American Indian) ALASKAN NATIVE:** All persons having origins in any of the original peoples of the Americas, and who maintain cultural identification through tribal or community recognition. Please identify the Native American tribe or nation you are affiliated with.
- WHITE** (Not of Latinx / Hispanic origin.)
- MIDDLE EASTERN / NORTH AFRICAN**
- OTHER** _____
- DECLINE to answer**

CURRENT GENDER IDENTITY

- Male
- Female
- Transgender
- Genderqueer
- Questioning or unsure of gender identity
- Another gender identity _____
- Decline to Answer

SEXUAL ORIENTATION

- Gay or Lesbian
- Heterosexual or Straight
- Bisexual
- Questioning or Unsure of Sexual Orientation
- Queer
- Other _____
- Decline to Answer

AGE RANGE

- 18 – 25
- 26 – 35
- 36 – 45
- 46 – 55
- 56 – 65
- 66+

AFFIDAVIT OF RESIDENCY

I, _____, hereby declare, under penalty of perjury, that I am a resident of the City of Berkeley. I understand that, with the exception of a temporary relocation outside of Berkeley not to exceed six months, I may no longer serve on a Berkeley Commission should this cease to be true.

Signature of Applicant: _____ Date: _____

REFERENCES
Persons qualified to comment on my capabilities

NAME	RELATIONSHIP
EMAIL	PHONE NUMBER

NAME	RELATIONSHIP
EMAIL	PHONE NUMBER


NAME	RELATIONSHIP
EMAIL	PHONE NUMBER

ADVISORIES

The City of Berkeley's Conflict of Interest Code requires members of City of Berkeley Commissions to file Statements of Economic Interests – FPPC Form 700. The Form 700 is a public document. For more information, please contact the City Clerk's Department at 981-6900, or visit our website at [Conflict of Interest Reports](#).

If you require translation services, please contact the staff secretary at least three business days in advance of the meeting. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at (510) 981-6418 (V) or (510) 981-6347 (TDD) at least three business days before the meeting date.

Return this form to the City Clerk Department: 2180 Milvia Street, Berkeley, 94704

	<p>NOMINATION FORM – POLICE ACCOUNTABILITY BOARD (For Mayor and Council Use Only)</p>
MAYOR/COUNCILMEMBER _____	
NAME OF APPOINTEE _____	
RESIDENCE ADDRESS _____	
Street	City
Zip	
MAILING ADDRESS _____	
Street	City
Zip	
EMAIL ADDRESS _____	
OCCUPATION/PROFESSION _____	
PRIMARY PHONE: _____	ALTERNATE PHONE: _____
Check appropriate box: <input type="checkbox"/> New Appointment <input type="checkbox"/> Reappointment <input type="checkbox"/> Temporary Appt.	
Temporary Appt.: From (date) _____	To (date) _____
<p align="center"><small>(only if appointing for more than one meeting)</small></p>	
Signature: _____	Date: _____
Mayor/Councilmember	

For Mayor/Councilmember and City Use Only:

Interview Date	Appoint. Date	Process Date
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