



## POLICE ADVISORY PANEL APPLICATION

Created to assist the Chief of Police with developing policies for the purpose of ensuring police accountability and transparency to the community and to foster public confidence and trust in the administration and operation of the Police Department, the Police Advisory Panel shall meet quarterly on a day and time to be determined.

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

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

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: \_\_\_\_\_

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LIST ANY CRIMINAL JUSTICE EXPERIENCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEMBER OF THE FOLLOWING CIVIC ORGANIZATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU DESIRE TO SERVE ON THE POLICE ADVISORY PANEL?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 APPPOINTED 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