



King County

Office of Law Enforcement Oversight

www.kingcounty.gov/oleo

PLEASE NOTE: Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). However, while we will disclose the applicant's name, their address, phone number, e-mail address will be redacted.

Thank you for your interest in King County's Office of Law Enforcement Oversight's Community Advisory Committee (OLEO CAC). Individuals interested in serving on a King County board, commission or committee will be required to also complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated.

Community Advisory Committee APPLICATION FORM

CONTACT INFORMATION

Name:

Phone number:

E-mail address:

Street Address:

(If available)

King County Council District #:

PERSONAL INFORMATION

King County OLEO is committed to inclusiveness and outreach to all King County residents to ensure the CAC is reflective of the public we serve. *Providing information below is voluntary, but will assist in achieving this goal.*

Race/Ethnicity/Language/Immigration:

(Check all that apply)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> African American | <input type="checkbox"/> Immigrant |
| <input type="checkbox"/> African American (New Arrival) | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Non-Citizen |
| <input type="checkbox"/> Latinx | |

Gender Identity & Orientation:

(Check all that apply)

- | |
|--|
| <input type="checkbox"/> Female |
| <input type="checkbox"/> Male |
| <input type="checkbox"/> Non-Cis |
| <input type="checkbox"/> Transgendered |
| <input type="checkbox"/> LGBTQ |

Do you have a disability as defined by the Americans with Disabilities Act?

_____ (Yes/No)

Age:

☐

35/Under

☐

36-59

☐

60+

(Continue on next page)

EXPERIENCE, COMMUNITY ENGAGEMENT & SERVICE HISTORY

On a separate page, please answer the following:

1. Why are you interested in police accountability and the work of the OLEO CAC?
2. Please list and briefly describe the community-based organizations with which you are affiliated.
3. Do you have experience conducting outreach to the public? If so, please describe.
4. Please describe your experience in event or meeting planning and management.
5. What is your experience working or interacting with police?

Please indicate the following areas in which you have professional or personal experience:

- | | | |
|--|--|---|
| <input type="checkbox"/> Civil Rights Groups | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Lobbying |
| <input type="checkbox"/> Labor Unions | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Legislative/Government |
| <input type="checkbox"/> Education | <input type="checkbox"/> Disabilities | <input type="checkbox"/> Public Speaking/Public Testimony |
| <input type="checkbox"/> Clergy/Faith-based | <input type="checkbox"/> Mental Health/Behavioral Crisis | <input type="checkbox"/> Media Relations |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Immigration | <input type="checkbox"/> Event Management |
| | <input type="checkbox"/> English as a 2nd/3rd Language | <input type="checkbox"/> Business Owner |

AVAILABILITY (YES/NO)

Are you able and willing to attend regular meetings (at least quarterly, but no more than monthly)?

Are you able and willing to serve on at least one subcommittee, and available for phone-based consultation with OLEO staff (always scheduled in advance)?

Are you able and willing to participate effectively in committee meetings, listen to and work well with other committee members, provide feedback in a respectful manner, and be open to a diversity of ideas?

Are you able to check e-mail and make timely responses?

AUTHORIZATION

By signing below, you indicate that the information provided on this application form is true and correct, to the best of your knowledge.

Signature

Date (MM/DD/YYYY)

Please return the completed form to:

ATTN: Toshiko Hasegawa, Communications Manager
King County Office of Law Enforcement Oversight (OLEO)
Via e-mail: toshiko.hasegawa@kingcounty.gov
USPS: 410 5th Ave. Room 131
Seattle, WA 98104