



# POLICE CIVILIAN OVERSIGHT BOARD APPOINTMENT APPLICATION

Date: \_\_\_\_\_ Alder District: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check this box if you do not consent to having your email placed on the City's website.

FAX: \* (\_\_\_\_) \_\_\_\_\_ Cell Phone: \* (\_\_\_\_) \_\_\_\_\_

\*(INCLUDE AREA CODE)

Current Committee Service: (list all of the City of Madison committees you are currently a member of)

	Comm. ID/Pos - Exp. Date
1. <input style="width: 500px; height: 30px;" type="text"/>	_____
2. <input style="width: 500px; height: 30px;" type="text"/>	_____
3. <input style="width: 500px; height: 30px;" type="text"/>	_____

The Civilian Oversight Board shall strive to have a diverse composition in the following intersectional areas of lived experience and identities:

- Homelessness
- Mental health
- Substance abuse and/or arrest or conviction records
- Racial and ethnic diversity, including: Black, Asian, Latinx, and Native American
- Members of the LGBTQ+ community
- Affiliation with an organization in the fields of: Mental Health, Youth Advocacy, and Alcohol and Other Drug Abuse (AODA) Treatment

In addition, the Council and Mayor will consider the following additional lived experiences and identities when making appointments: age, socioeconomic status, gender, geographic residence, and work experience. Individual members may represent more than one of the categories listed above.

The information requested in the following list will help to ensure that the Board includes the desired diversity. Please choose any/all of the experiences and identities that apply to you:

- Homelessness
- Mental health
- Substance abuse and/or arrest or conviction records
- Racial and ethnic diversity, including:
  - Black
  - Asian
  - Latinx
  - Native American
- Members of the LGBTQ+ community
- Affiliation with an organization in the fields of:
  - Mental Health
  - Youth Advocacy
  - AODA

Please describe how your lived experience supports the Board's desired diversity:

Civilian Oversight Board members may not have ever worked for the Madison Police Department, be an immediate family member of current or former MPD employees, or worked as a law enforcement officer in Wisconsin in the ten (10) years prior to becoming a member of the Board.

Are you a current or former law enforcement officer?  Yes  No

If yes, did your employment in law enforcement end more than ten (10) years ago?  Yes  No

Do any of your immediate family members work, or have ever worked, for the Madison Police Department (grandparent, parent, child, sibling, spouse, siblings in-law, parents in-law, grandparents in-law)?

Yes  No

Please describe your experience and/or interest in police reform:

Please describe your experience in public service and/or community involvement:

Are you being nominated by a community organization?  Yes  No

If "Yes," which one? \_\_\_\_\_

Letters of support from nominating organizations should be sent to: [pcob@cityofmadison.com](mailto:pcob@cityofmadison.com)

Do you hold an elected or appointed public position or office?  Yes  No

If "Yes," what position or office? \_\_\_\_\_

Are you a resident of the City of Madison?

Yes       No

How did you learn of this vacancy?

City Website ([www.cityofmadison.com](http://www.cityofmadison.com))

Television/Radio

Referred by City Alder, specify: \_\_\_\_\_

Referred by City employee, specify: \_\_\_\_\_

Referred by committee member, specify: \_\_\_\_\_

Community Agency, specify: \_\_\_\_\_

Other, specify: \_\_\_\_\_

**SIGNATURE OF APPLICANT, or if submitted electronically, NAME OF APPLICANT AND ATTESTATION OF SUBMISSION:** \_\_\_\_\_

**Please return to:**

ATTN: COB Application  
Office of Independent Monitor  
210 MARTIN LUTHER KING JR BLVD RM 501  
MADISON WI 53703  
Email: [pcob@cityofmadison.com](mailto:pcob@cityofmadison.com)  
Phone:(608) 261-7161; Fax:608-267-8669

Annual Statement of Interests form required

Statement of Interests form filed     Yes    No

## BOARD/COMMISSION/COMMITTEE VOLUNTARY SELF-IDENTIFICATION FORM

**\*\*The information on this form is used to collect statistical data about applicants to Boards, Commissions, and Committees broadly and is not used as part of the Civilian Oversight Board nomination process\*\***

Name: \_\_\_\_\_

The following information is voluntary and allows us to track the composition of our commissions. We value committees, commissions and boards that demographically reflect the community. To ensure we reflect the community, we count on you to provide us your demographic information. The information will be kept confidential and when reported, data will not identify any specific individual. Refusal to provide this information will not subject you to any adverse treatment.

### Please make selections for EACH question:

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#### 1. ETHNICITY (Select one)

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Not Hispanic or Latino**

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#### 2. RACE (Select one or more) Race is separate from the concept of Hispanic origin.

**American Indian and Alaska Native.** A person having origins in any of the original peoples of North, Central, and South America who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Cherokee, Chippewa, Iroquois, Menominee, Ojibwe, Potawatomi, Sioux, Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes people who indicate their race as "Hmong," "Laotian," "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."

**Black or African American.** A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro"; or report entries such as African American, Kenyan, Nigerian, or Haitian.

**Native Hawaiian and Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoan," and "Other Pacific Islander."

**White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.

**Some other race.** If you identify as being some other race than those listed above.

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**3. GENDER:**  Woman  Man  Genderqueer  Non-Binary/Non-conforming  Prefer not to respond  
(Check all that apply)

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**4. DATE OF BIRTH:** \_\_\_\_\_

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**5. DISABILITY:** Do you have a disability?  
(Physical or mental impairment that limits a major life function, or record of such impairment.)

Yes  No