



DANIEL HERRIGAN, MAYOR

Citizens' Police Oversight Board Application



APPLICANT INFORMATION

Name:		Date of Birth:	
Street Address:		Apt/Unit #:	
City:	State:	Zip Code:	Ward #:
Phone:		Email:	
Do you meet one of the following criteria? (Check all that apply)			

- An attorney with criminal justice and/or civil rights experience
- A professional background in mental health services
- An affiliation with an organization representing economically disadvantaged or under-served communities in Akron
- A professional background in law enforcement

Please describe your experience, including any professional licensure, indicated from the criteria checked above, if applicable.

Why do you want to be on the board?

What experience/skills/perspective do you have that you think would make you a valuable addition to this board?

Signature:

Date:

Once completed, please email application to citizenoversight@akronohio.gov along with a copy of a current resume if available.

The City of Akron is committed to ensuring that individuals with disabilities are able to fully participate in public programs, services and activities. Anyone who is in need of an accommodation is invited to contact the HR Department at 330-375-2780. If you require TDD phone service, call Ohio Relay at 800-750-0750 and they will assist in coordinating with the City of Akron.

The City of Akron is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, ancestry, sex/gender, sexual orientation, gender identity, genetic information, religion, age, disability or military status in employment or the provision of services.