



## **CITIZEN POLICE ADVISORY COMMITTEE**

The City Council is seeking citizens to serve on the newly appointed **Citizen Police Advisory Committee**. Applications submitted will be considered at the **August 15, 2011 Council Meeting**.

If you are interested please submit a **Board and Commission application**(see attached application form) and forward your completed application to Othel Murphree, City Secretary by any of the following methods:

- Email to [citysecretary@glennheights.com](mailto:citysecretary@glennheights.com), or
- Fax: 972-223-9307 or
- Drop Off: to City Hall, 1938 S Hampton Rd., Glenn Heights, TX 75154

## **CITIZEN POLICE ADVISORY COMMITTEE**

City Council approved the creation of a Citizen Police Department Advisory Committee at the July 18, 2011 meeting.

### **Proposed Purpose**

The Committee is being established to promote a supportive citizen and police partnership in the City of Glenn Heights and to ensure the public safety needs of the citizens are being achieved.

### **Tentative Objectives to be met include:**

- To increase effective open lines of communication between the public, citizens and police
- To promote public education and awareness of the effects of crime on the community
- To identify safety concerns in the community
- To provide valuable feedback on the quality and level of police services
- To continuously explore solutions to safety issues and improve the quality of police service and commensurate with community expectations
- To apprise citizens of complaint resolutions and make recommendations as deemed appropriate

# APPLICATION FOR BOARDS

**CITY OF GLENN HEIGHTS**  
1938 S. HAMPTON ROAD  
GLENN HEIGHTS, TEXAS 75154  
WWW.GLENNHEIGHTS.COM

We consider all applications without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**(PLEASE CHECK ONE OR MORE)**

<input type="checkbox"/> Planning and Zoning	<input type="checkbox"/> Park and Recreation Board	<input type="checkbox"/> Board of Adjustments	<input type="checkbox"/> Other
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**(PLEASE PRINT)**

Date of Application	
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> City Newsletter <input type="checkbox"/> Web Site <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Home Telephone Number		Cell Phone/Pager Number
How long have you lived in the City?		years
		months
Email Address		

Best time to contact you? _____
Have you ever been employed/volunteered with the City of Glenn Heights before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your relatives work for the City of Glenn Heights <input type="checkbox"/> Yes <input type="checkbox"/> No
Days available for meetings <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday

## EDUCATION

	Name & address of school	Course of study	No. of Years Completed	Diploma Degree
High School				
College				
Other (Specify)				

Describe any specialized training (Including Military), apprenticeship, skills and extra-curricular activities.

## CURRENT EMPLOYER:

List professional, trade, business or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i>

**Other qualifications**

Summarize special related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for volunteer service as may be necessary in arriving at a decision. This application for volunteer service shall be considered active for a period of six (6) months. In the event of acceptance as a volunteer, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Glenn Heights.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

● **All members of Planning and Zoning Commission are required to attend at least One 3-day NTCOG Course per year and attend continuing education courses that are provided by the City.**

● **Please contact staff and arrange for date and time for introduction briefing on any board you are applying for a position with.**

**Othel Murphree, City Secretary**

**972/223-1690 Ext. 203**

**972/223-9307 fax**

**[citysecretary@glennheights.com](mailto:citysecretary@glennheights.com)**