

# Board on Public Safety Standards and Training COMMITTEE/SUB-COMMITTEE INTEREST FORM

The purpose of this form is to assist the Chair of the Board on Public Safety Standards and Training in evaluating the qualifications of an applicant for appointment to a policy committee of the board or the Chair of the Private Security/Investigator Policy Committee in evaluating the qualifications of an applicant for appointment to a PSIPC Sub-Committee.

Please complete the entire form and return to:  
**Samantha Kossa, DPSST**  
**4190 Aumsville Hwy SE, Salem, OR 97317**  
**samantha.kossa@dpsst.oregon.gov**  
**Phone (503) 378-2191**

**COMMITTEE APPOINTMENT DESIRED:**

Corrections Policy Committee (CPC)      Police Policy Committee (PPC)      Fire Policy Committee (FPC)  
Telecommunications Policy Committee(TPC)      Polygraph Licensing Advisory Committee (PLAC)  
Private Security/Investigator Policy Committee (PSIPC)      PSIPC Private Investigator Sub-Committee

\_\_\_\_\_  
Position Requested

**PERSONAL DATA:**

Preferred Title \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Business/Agency Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Cell (optional) (\_\_\_\_) \_\_\_\_\_ Preferred contact number: Business \_\_\_\_ Home \_\_\_\_ Cell \_\_\_\_

Preferred mailing address: Business \_\_\_\_ Home \_\_\_\_ .

To better assist us in meeting our affirmative action objectives, we would appreciate information about your gender identity and background. This information is optional and is used for data collection only. Under state and federal law, this information may not be used to discriminate against you. Thank you for your participation.

**Gender Identity:** \_\_\_\_\_ **LBGTQ:**  **Disability:** \_\_\_\_\_

**Race/Ethnicity** (Select One): African American/Black  Hispanic/Latino  American Indian/Alaskan Native  Caucasian/White  Asian  Native Hawaiian/Pacific Islander  Multi/Other

**On a separate sheet(s), please include the following information.**

**EDUCATION:** List all schools attended, include high school. Include years attended for each school. *A current resume that includes all forms of education may be submitted for this section.*

**EMPLOYMENT & EXPERIENCE:** List major paid employment & significant volunteer activities. List chronologically, beginning with most recent experience. *A current resume that includes this information may be submitted for this section.*

**INTEREST IN APPOINTMENT:** Describe in detail why you are interested in serving on this particular committee. Include information about your background that supports your interest.

**LETTER OF RECOMMENDATION:** Please have your agency head submit a letter of recommendation on your behalf that acknowledges and supports the commitment you must serve if selected as a member of the policy committee.

All appointments must be ratified by the Board on Public Safety Standards and Training.

I will accept appointment if selected and if appointed pledge my best efforts to resolve, before assumption of office, any conflicts of interest that would be inconsistent with my responsibilities as an appointee.

Signature \_\_\_\_\_

Date \_\_\_\_\_