

INFORMATION SHEET FOR METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY COMMUNITY OVERSIGHT BOARD NOMINEES

Appearing before The Rules-Confirmations-Public Elections Committee of the Metropolitan Council

For each question below, if your response requires additional space beyond what is provided, please use a separate sheet of paper, identifying the number of the question being answered.

1. Full Name: _____ Phone: _____

2. Residential address (physical, not a P.O. Box): _____

City: _____ State: _____ Zip Code: _____

a) Have you been a resident of Davidson County for at least one (1) year? Yes___ No ___

b) Are you a registered voter in Davidson County? Yes___ No ___

3. The following questions are optional and are for demographic purposes only. Any information provided will be a matter of public record.

What is your gender?

What is your race or ethnicity?

Do you wish to openly identify as LGBTQ?

4. Preferred mailing address (if different from residential address):

City: _____ State: _____ Zip Code: _____

5. E-mail address (if available): _____

6. For Nashville.gov publication:

Address: _____

Phone (required): _____

Email: _____

7. Please identify the group or individual nominating you for this position: (Check all that apply.)

___ Community organization. (Please identify the organization): _____

___ Private petition signed by fifty (50) Davidson County residents. (Attach to Nomination Form.)

___ Metro Council member(s). (Please identify the member(s)): _____

___ Mayor

8. Do you have knowledge of issues pertaining to civil rights and equity? Yes___ No ___

9. Do you have experience with criminal justice and policing practices? Yes___ No ___

10. Are you a current employee of any law enforcement agency, or have you served in a law enforcement capacity within the past five (5) years? Yes___
No___

11. Are you an elected official? Yes___ No___

12. Are you the spouse of:
(a) a person who is a current employee of any law enforcement agency; or
(b) a person who has served in a law enforcement capacity within the past five (5) years; or
(c) an elected official?

Yes___ No___

13. Do you hold any public office or position in the Metropolitan Government of Nashville and Davidson County? Yes___ No___

14. Will you agree to complete orientation and training related to civil rights, equity, criminal justice, and policing practices -- including the completion of Metropolitan Nashville's Citizen Police Academy, or an equivalent training? Yes___ No___

15. Will you agree to receive ongoing civil rights and equity training from entities concerned with police oversight? Yes___ No___

16. Will you agree to attend Metro Government's cultural diversity/sexual harassment awareness training within three (3) months of this appointment? Yes___ No___

17. Have you read the Acknowledgement of Ethical Rules? Yes___ No___

RESPONSES TO THE FOLLOWING QUESTIONS ARE OPTIONAL FOR ALL NOMINEES:

18. In which Metropolitan Council district do you reside? _____

19. How long have you lived at your current residential address? _____

If less than 5 years, please provide your previous address: _____

20. Age: Under 16 16-18 19-24 25-40 41-64 65+

21. Complete educational background: _____

22. Occupation and Name of Employer: _____

23. Business address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

24. Describe your professional/occupational experience: _____

25. How many years have you worked in this field? _____

26. If retired or no longer employed, please identify your most recent employer: _____

IF YOU HAVE A CURRENT RESUME OR BIOGRAPHY, PLEASE ATTACH IT TO THIS INFORMATION SHEET.

27. Have you or your spouse ever been employed in a law enforcement capacity? Yes___ No___

If yes, how long ago? _____ For how many years? _____

28. Please describe your background, experience, and/or familiarity with civil rights and equity issues:

29. Please describe your background, experience, and/or familiarity with criminal justice and policing practices: _____

30. Do you have any other areas of experience or expertise that would be beneficial to the Community Oversight Board? If so, please describe: _____

31. Please describe any direct contact that you or an immediate family member have had with the Metro Nashville Police Department or any other law enforcement agency.

32. Briefly explain your interest in serving on the Community Oversight Board and the reasons you wish to serve: _____

33. Please explain your view of the role and responsibilities of the Community Oversight Board:

34. What do you see as primary factors related to good police/community relationships?

35. What qualifications and/or attributes make you qualified to serve on this Board?

36. The Community Oversight Board Charter Amendment requires members to receive orientation and training related to civil rights, equity, criminal justice, and policing practices. Conferences and workshops addressing these topics are often conducted during regular business hours and may require out-of-town travel for a period of several days. Will your schedule allow you to attend such conferences and workshops?

Yes___ No___

37. The Community Oversight Board will require significant cooperation and consensus-building between its members. Provide a specific example of how you have personally contributed toward a group arriving at a consensus or, if not a consensus, a reasoned and informed decision.

38. Please list any community activities and elected or volunteer positions in which you have served within the last five (5) years that you believe are important or relevant to your nomination.

39. Please identify all Metropolitan Government boards and commissions on which you serve/served, and your dates of service: _____

40. Have you ever served as a lobbyist?

Yes___ No___

If yes, please identify your clients: _____

41. Would your appointment to the Community Oversight Board result in any conflict of interest, or the appearance of any conflict of interest, for you or your immediate family members? Yes___ No___

42. Please list all social media accounts you maintain or have editorial access to, whether in a personal or professional capacity; and state whether or not you use your own name or another name:

43. Are you now under any charge(s) for any crime?

Yes___ No___

If yes, please identify: _____

44. Has any civil order of protection or restraining order relating to domestic violence or any other subject ever been entered against you? Yes___ No___

If yes, please identify: _____

45. Do you agree that, if appointed to the Community Oversight Board, you will render decisions in a fair, impartial, and objective manner, without prejudice or sympathy toward any particular person or profession, basing your decision solely upon the facts and evidence before you? Yes ___ No ___