

**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) Do you reside in an economically distressed community? Yes\_\_\_ No \_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. E-mail address (if available): \_\_\_\_\_

5. For Nashville.gov publication:

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

Phone (required): \_\_\_\_\_

Email: \_\_\_\_\_

6. 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

7. Do you have knowledge of issues pertaining to civil rights and equity? Yes\_\_\_ No \_\_\_

8. Do you have experience with criminal justice and policing practices? Yes\_\_\_ No \_\_\_

9. 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\_\_\_

10. Are you an elected official? Yes\_\_\_ No\_\_\_

11. 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\_\_\_

12. Do you hold any public office or position in the Metropolitan Government of Nashville and Davidson County? Yes\_\_\_ No\_\_\_

13. 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\_\_\_

14. Will you agree to receive ongoing civil rights and equity training from entities concerned with police oversight? Yes\_\_\_ No\_\_\_

15. Will you agree to attend Metro Government's cultural diversity/sexual harassment awareness training within three (3) months of this appointment? Yes\_\_\_ No\_\_\_

16. Have you read the Acknowledgement of Ethical Rules? Yes\_\_\_ No\_\_\_

**RESPONSES TO THE FOLLOWING QUESTIONS ARE OPTIONAL FOR ALL NOMINEES:**

17. Are you a registered voter in Davidson County? Yes\_\_\_ No\_\_\_

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:

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

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

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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.

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

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

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

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

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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.

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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.

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

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40. Have you ever served as a lobbyist? Yes\_\_\_ No\_\_\_  
If yes, please identify your clients: \_\_\_\_\_

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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:

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43. Are you now under any charge(s) for any crime? Yes\_\_\_ No\_\_\_  
If yes, please identify: \_\_\_\_\_

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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: \_\_\_\_\_

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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 \_\_\_