



Community Police Review Board Applicant Questionnaire

Return completed form via mail to:
123 Washington St., Ste. 5
Columbus, IN 47201

or e-mail to: humanrights@columbus.in.gov

Name: _____

Phone: _____ home / cell _____ (work)

E-mail: _____ Occupation: _____

Work address: _____

Primary residence address: _____

Is your primary residence (home) located within Bartholomew County? Yes No

Length of residence in Columbus and/or Bartholomew County? _____ Yrs. / Mo.

** The purpose of these questions is to get to know you better as an applicant and potential member of this committee. If you require a reasonable accommodation due to a disability, you may request a verbal interview by contacting the Human Rights Commission at 812-376-2532 or humanrights@columbus.in.gov.

1. Briefly tell us about yourself (can be anything such as your past experience, employment, volunteerism, education, interests, etc.).

2. Tell us why you are interested in becoming a member of the Community Police Review Board.

3. Briefly describe your skills and how they relate to the duties of this committee.

4. As part of your service, are you willing to schedule a ride-a-long with the Columbus Police Department or be willing to take the Columbus Citizen's Academy Course? Yes No