



APPLICATION FOR CRYSTAL CRIME PREVENTION BOARD
Crime Prevention Board President: E-mail: tracik75@icloud.com

Thank you for your interest in serving your community as a volunteer.
Your application will be kept on file for one year.

PERSONAL INFORMATION (please print)

NAME: _____
First Middle Last

STREET ADDRESS: _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____

_____ **E-MAIL:** _____

_____ **OCCUPATION:** _____

CELL PHONE: _____

EMPLOYER: _____

☐ **CRYSTAL RESIDENT** ☐ **WORK/OWN A BUSINESS IN CRYSTAL** ☐ **OTHER**

STATEMENT OF INTEREST

Why are you interested in serving on the Crystal Crime Prevention Board?

IMPORTANT ISSUES FACING OUR COMMUNITY

What do you think are the most important issues facing public safety in Crystal over the next several years?

Describe what issues and ideas you would like to see addressed by the board.

COMMUNITY, CIVIC, OR VOLUNTEER EXPERIENCE

Please list your volunteer experience.

ATTENDANCE AND CONFLICT OF INTEREST

Are you aware of the meeting schedule for this board or commission and are you able to attend meetings regularly? Yes _____ No _____

A conflict of interest may arise by your participation in an activity, action, or decision from which you receive or could potentially receive direct or indirect personal financial gain. Do you have any legal or equitable interest in any business which, in the course of your participation on this board or commission, could give rise to a conflict of interest? Yes _____ No _____

(If yes, please provide details on a separate sheet of paper.)

As a board member, what issue(s) might cause conflict between your civic responsibility and personal or professional interests? How would you manage these conflicts?

IMPORTANT INFORMATION CONCERNING YOUR APPLICATION

DATA PRIVACY NOTICE: Minnesota law requires that you be informed of the purposes and intended use of the information you are providing on this application. Your name, address, length of residence, occupation, education, training, civic affiliations, qualifications, and experience are public data and is available to anyone who requests the information.

The information you provide will be used to identify you as an applicant, enable us to contact you when additional information is required, send you notices, and assess your qualifications for appointment. This data is not legally required, but refusal to supply the information requested may affect the board's ability to accurately evaluate your application.

Should you be appointed to the board your residential address will become public information. In addition, either a telephone number or email address where you can be reached will become public. The purpose is to list contact information for board members on a public roster.

Please select which of the following you will allow listed on a public roster
(you must select either email or one phone number)

☐ E-Mail or Phone (may choose more than one) ☐ Home ☐ Work ☐ Cell ☐ All

I have read the data privacy notice given above and authorize investigation into all statements contained in this application. Furthermore, I authorize the Crystal Crime Prevention Board to

conduct a criminal history background check for purposes of determining my eligibility for a
volunteer position on the board.

MN Driver's License or MN State ID Number: _____

If known by a previous name, provide: _____

Applicant's Signature

Date