



## **FERGUSON CITY COUNCIL SPECIAL APPOINTMENT APPLICATION**

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**Applicant Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Occupation & Title (if any):**  
\_\_\_\_\_  
\_\_\_\_\_

**Employer (if any):** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**1. Educational Background (if any):**  
\_\_\_\_\_  
\_\_\_\_\_

**2. Please Complete the Following (if applicable):**

I have been an owner of a Ferguson Business for \_\_\_\_\_ years.

**Name of Business:** \_\_\_\_\_

I have been a teacher in a Ferguson School for \_\_\_\_\_ years.

**Name of School:** \_\_\_\_\_

I have been a minister in a Ferguson religious congregation for \_\_\_\_\_ years.

**Name of Congregation:** \_\_\_\_\_

**Please List Any Civic Involvement (describe your response in # 7)** \_\_\_\_\_

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3. Do you have any experience serving in civilian oversight of police, serving on a police advisory board, etc.?  Yes  No

Please Describe: \_\_\_\_\_

4. Have you held a government office or position before?

If so, name such offices or positions and the governmental entity:

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5. Please describe why you want to be a member of the Ferguson Civilian Review Board

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6. Special experience you possess which would be of benefit to you in government office:

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7. Experience in public, civic, and charitable offices and/or activities that you believe would help you to contribute to the board.

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**8. Experience in groups and organizations that you believe would help you to contribute to the board.**

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**9. Other interest aside from profession that are related to the board on which you would like to serve:**

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**10. Please describe your employment, education and life experiences that you feel are important in assessing your ability to serve:**

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**11. Reasons for wanting to serve on a City Board or Commission:**

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## Which CRB educational meeting did you attend?

- Tuesday, May 17, 7-8 pm, Ferguson First Baptist**
- Wednesday, May 25, 78 pm, Our Lady of Guadalupe**
- Sunday, June 5, 3-4 pm, Emmaus Chapel**
- Thursday, June 9, 7-8 pm, Ferguson Community Center**
- Monday, June 13, 7-8 pm, Family of Faith Church**
- Sunday, June 19, 3-4 pm, Ferguson Community Resource Center**
- Sunday, January 8, 1:30 pm, Ferguson Community Center**
- Thursday, January 12, 6:30 pm, Ferguson Community Center**

**List Any Additional Meetings you attended:**



**AUTHORIZATION FOR  
RECORDS CHECK  
BY THE CITY OF FERGUSON**

I, \_\_\_\_\_, hereby authorize the City of Ferguson, Missouri, to obtain a record check and review of any and all law enforcement records only as to felony arrests, convictions and investigations that may pertain to me. I understand that said records may be used in assisting the City of Ferguson in its determination of whether or not appointment to commission by the City Will be offered to me.

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Applicant's Full Name Printed

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The facts set forth in this application are true and complete, to best of my knowledge. I understand that false statements may be considered sufficient cause for removal.

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Applicant's Signature

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Date

Submit your application no later than \_\_\_\_\_

Via Email to [fergcrbtaskforce@gmail.com](mailto:fergcrbtaskforce@gmail.com)

Or mailed to:

CRB Task Force  
City of Ferguson  
110 Church Street  
Ferguson, MO 63135