

# PORTLAND COMMITTEE ON COMMUNITY-ENGAGED POLICING MEMBERSHIP RENEWAL APPLICATION

Introductory information is on page 1. Application begins on page 2.

## General Information:

This application is for current PCCEP members to indicate their interest in remaining on PCCEP after their current term expires, and request reappointment to PCCEP membership for an additional term. If you are not currently a member of PCCEP but would like to join PCCEP, please fill out a new member application at <https://www.portland.gov/pccep/about-us>.

## General Questions:

For general questions about the Advisory Bodies program, the volunteer recruitment process, or other upcoming advisory body opportunities please email [AdvisoryBodies@Portlandoregon.gov](mailto:AdvisoryBodies@Portlandoregon.gov).

## COVID – 19 Vaccine Requirement:

*The work location for this opportunity is hybrid (remote and onsite).*

Workplaces across Portland, the United States and the world are making tough decisions about how to protect their employees and community from COVID-19. We, too, find ourselves in the middle of this complex situation at the City of Portland. We are committed to ensuring the health and safety for our employees and our community. As a part of this commitment, all City employees are required to be fully vaccinated, effective October 18, 2021. Proof of full vaccination, or documentation of plans to become fully vaccinated (e.g., partially vaccinated however too soon for second dose, etc.) will be required prior to being hired by the City of Portland. The required vaccination is a minimum qualification requirement to be hired by the City of Portland. We understand that some are unable to be vaccinated for a variety of reasons, including medical and religious/spiritual reasons. Should you be offered employment with the City of Portland, there is an exception process that provides for an exception and reasonable accommodation based on a qualified medical condition or religious/spiritual reason. [Exception Request Process for COVID-19 vaccine](#) (**Exceptions only apply to candidate(s) offered a position; please do not submit at this time**).

## Work Location:

Currently, many positions with the City of Portland are being performed remotely due to COVID-19. In the future, current positions classified as “full-time remote” could: 1) remain full-time remote, 2) become a remote/onsite mix, 3) revert to full-time at a city work location. As the situation evolves, the exact work location of the position in this recruitment may change based upon leadership direction and approval.

To be considered, please return your completed application along with a resumé to: [PCCEPinfo@portlandoregon.gov](mailto:PCCEPinfo@portlandoregon.gov).

NAME:

ADDRESS:

PHONE:

EMAIL:

**BEST WAY & TIME TO REACH YOU:**

I have reviewed the APPLICATION INFORMATION above, and I understand the role of the PCCEP and a PCCEP member's responsibilities.

I am submitting this application with the understanding that the City will keep it confidential and will only disclose the application if ordered to do so. I would not submit this application without the promise of confidentiality.

I live, work, worship, and/or go to school in Portland. (Please note that "worship" is broadly defined to include all religions and areas of worship.)

I understand that submitting this renewal application does not mean that I will automatically have my membership renewed. I understand that this application means that I am interested in extending my term on PCCEP, and that the Mayor's office will choose whether or not I am reappointed for another term.

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1. PCCEP is assigned with specific tasks in the PCCEP Plan and must routinely meet deadlines. This will require teamwork and collaboration amongst committee members. Please describe your views on how you have worked in a team over your term of service so far, including problem-solving and respectfully working through conflicts with PCCEP colleagues.
  
  2. During your time on PCCEP, how do you think PCCEP has handled the following issues? How would you want to see PCCEP handle these issues in the future?
    - a) Issues related to law enforcement interactions with people with mental health issues or experiencing behavioral health crisis

b) Issues related to law enforcement interactions with BIPOC Portlanders

c) Issues related to use of force and accountability

3. Why would you like to continue serving on PCCEP? What would you like to accomplish in your next term if your membership is renewed?

Please also attach a resumé for consideration alongside your responses to the questions above.

[CONTINUE TO NEXT PAGE FOR DEMOGRAPHIC QUESTIONNAIRE]

## **CONFIDENTIAL DEMOGRAPHIC INFORMATION**

The City asks that you voluntarily provide the following information. The City will use this information for statistical purposes, such as tracking the diversity of advisory body appointees.

The City strives to cultivate equity, diversity, and inclusion. By providing this information, you will help us ensure that appointments represent a broad cross-section of the community. You are under no legal obligation to provide this information. State and federal law prohibit the use of this information to discriminate against you. The City will treat this information as confidential to the fullest extent allowed by law.

### **What will be your age at the time your term expires?**

- Under 18       18-24       25-39       40-55       56-70       Over 70

Please note that if you are 25 years old or older, you will be considered for an at-large member position regardless of if your original membership was youth membership due to your age at the time of your previous appointment(s).

**Which of the following describes your racial or ethnic identity?** Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Middle Eastern/North African              |
| <input type="checkbox"/> African-American or Black        | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Do not wish to disclose                   |

# Portland Committee on Community-Engaged Policing (PCCEP) Application

Please note that PCCEP application submissions are public records subject to disclosure upon request but effort will be made to protect sensitive information in public disclosure and discussion, to the extent allowed by law.

What is your preferred or primary language(s)?

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Do you identify with having or living with a disability?  Yes  No

If yes, please describe the nature of your disability. (Please check all that apply)

- Mobility  Visual  Hearing  Cognitive/Developmental  
 Mental Health  Intellectual  Hidden  Do not wish to disclose  
 Self-identify:
- 

What is your gender? (Please check all that apply)

- Female  Male  Gender non-conforming  
 Trans-gender: you do not identify with the gender assigned to you at birth  
 Cis-gender: you identify with the gender assigned to you at birth  
 Self-identify:
- 

Do not wish to disclose

Do you identify with any of the following? (Please check all that apply)

- Heterosexual  Lesbian  Gay  Bisexual  Queer  Two Spirit  
 Self-identify:
- 

Do not wish to disclose

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**What is your total household income?**

- Less than \$19,999       \$20,000 to \$39,999       \$40,000 to \$59,999  
 \$60,000 to \$79,999       \$80,000 to \$99,999       \$100,000 to \$149,999  
 \$150,000 or more       Do not wish to disclose

**What geographic area of the City do you live or work?** Check all that apply.

- Inner Southwest       Outer Southwest       Inner Southeast  
 Outer Southeast       Central North       Upper North  
 Inner Northwest       Outer Northwest       Outer East (East of I-205)  
 Other: \_\_\_\_\_