

Dear Resident:

Thank you for your interest in serving the City of University Place as a member of one of our advisory commissions. Our City functions most effectively when citizens care enough to give of their time and expertise. People like you truly make this community great!

The commissions act in an advisory capacity to the City Council. Their feedback and recommendations are given much credence, and the Council maintains open lines of communication and discussion with these groups. It is truly an honor and a responsibility to be appointed to one of these bodies.

The City Council seeks candidates who:

- are residents of, or have business interests in University Place
- reflect the make-up and diversity of our community
- offer technical and/or professional expertise
- are passionate about serving the community

In addition to these general requirements, experience and knowledge in the specific area addressed by the advisory commission for which you are applying is a definite advantage. The Council seeks informed input from these groups, and your education and/or experience qualifies you to provide unique and insightful feedback and recommendations.

Information is being provided in this packet to help you determine your level of interest in filling an advisory commission vacancy. I urge you to read through the documents carefully. Additionally, you must attend a meeting of the commission in which you are interested. This will give you a good idea of the topics addressed, as well as how the group functions. The more informed you are, the better you will be able to judge your ability to contribute in a positive way.

Thank you again for your interest in serving University Place!

Sincerely,

Mayor Worthington

ABOUT THE CITY



3609 Market Place West, Suite 200
University Place, WA 98466
PH: (253) 566-5656 FAX: (253) 460-2541

Nestled between the Cascade and Olympic mountain ranges, and hugging the sparkling waters of Puget Sound, University Place boasts scenic views, convenient access to regional destinations, and unmatched quality of life.

History

In the 1800's, the Methodist church sought a larger site for Puget Sound University (currently the University of Puget Sound). Through a combination of donated and purchased land, the Church obtained 420 acres near present day Lemons Beach and Parkway Loop. They designated 60 acres for the campus, and intended to fund its construction by selling the adjacent lots. The financial panic of 1893 devalued the land and excavation of the site halted. After being forfeited for non-payment of taxes, the lots were sold in 1901. The name "University Place" remained, however, along with a map of the planned campus.

Approximately 100 years after the community received its name, a movement began toward local government and local control. In November 1994, proponents succeeded in passing a ballot measure which established 7.86 square miles of unincorporated Pierce County into the City of University Place.

Form of Government

University Place was incorporated on August 31, 1995. It is governed by a COUNCIL/MANAGER form of government. The seven-member at-large City Council is directly elected by the citizens and serves for staggered four-year terms. The City Council establishes policy by enacting ordinances and resolutions determined to reflect the needs of the community. The Mayor is elected by the Council from among its members for a 2-year term and presides at City Council meetings. The Council appoints the City Manager, adopts the City budget, approves appropriations and contracts in the City's name, levies taxes, and enacts franchises. Several advisory commissions, made up of citizen volunteers, advise the City Council.

The City Manager is appointed by the City Council to serve as chief executive officer of the City, to manage daily business by directing the work of the City Staff (administration of personnel, policies, funds and programs), and to enforce the laws of the City. City services are provided by six major departments.

PUBLIC SAFETY ADVISORY COMMISSION



3609 Market Place West, Suite 200
University Place, WA 98466
PH: (253) 566-5656 FAX: (253) 460-2541

Purpose: The Public Safety Advisory Commission is a group of residents that advise the City Council on public safety issues.

Membership: Members are appointed to four-year terms by the Mayor, after confirmation by the City Council and serve without compensation. The Public Safety Advisory Commission is comprised of both voting members and non-voting representatives. The seven members are voting members. It is recommended to have one representative from each Police, Fire, and School to act as Commission liaisons who will be active Commission participants but will be non-voting representatives.

Organization: The Commission elects its own Chairperson and Vice-Chairperson. The Vice-Chairperson presides in the absence of the Chairperson. Both are voting members of the Commission. The Commission may adopt its own rules for transaction of business and keep written records of its meetings, attendance, and recommendations. Robert's Rules of Order, Revised, shall govern the deliberations of the Commission except when in conflict with any of the provisions of Chapter 1.35, Legislative Policy Advisory Commissions, of the Municipal Code. These records shall be public record and maintained in accordance with the requirements of the Public Records Act.

Meetings: Advisory commissions will not have standing monthly meetings, but will meet to work on matters specifically assigned by the City Council, either as part of an annual work plan or by separate resolution. Meetings will be noticed in compliance with the Open Public Meetings Act, with agendas posted to the Event Calendar on the City's website, at the University Place Library, 3609 Market Place West and on the bulletin board outside City Hall.

Voting: Each voting member present shall vote on all questions put to the Commission unless a conflict of interest as defined in State law precludes it.

Reporting: When a commission reports to the City Council, the report will include attendance by the commission Chairperson or Vice-Chairperson at the Council's first study of the matter, and may include a minority report. When a commission has met, but not yet completed assigned or approved work items, the commission Chairperson or Vice-Chairperson will provide a quarterly update to the Council on the commission's progress.

APPLICATION PROCESS



3609 Market Place West, Suite 200
University Place, WA 98466
PH: (253) 566-5656 FAX: (253) 460-2541

This packet contains the following information necessary to apply for one of the City's advisory commissions:

- General application.
- Supplemental application.
- Information about the commission and the City.

Please follow the steps below for application:

1. Review the application packet. Take time to carefully read through the information specific to the commission you are interested in serving on.
2. If you remain interested in serving, submit a completed application by email or by mail to the City Clerk's office at City Hall.

Candidates may be called upon to interview before a three-member Council subcommittee. Following interviews, the subcommittee will submit its recommendations and Mayor's final appointments to the full Council for review and confirmation.

City Commission Support Staff

Economic Development Advisory Commission	Becky Metcalf	253.460.5442
Park Advisory Commission	Jack Ecklund	253.460.6494
Planning Commission	Kevin Briske	253.460.5405
Public Safety Advisory Commission	Jennifer Hales	253.798.3141

APPLICATION FOR APPOINTMENT CITIZEN COMMISSION



3609 Market Place West, Suite 200
University Place, WA 98466
PH: (253) 566-5656 FAX: (253) 460-2541

Note: Information on this form, other than the personal information reflected by an asterisk, becomes public information when submitted. Please type or print clearly.

I am interested in serving on the following commission:

- Park Advisory Commission
- Planning Commission
- Public Safety Advisory Commission
- Economic Development Advisory Commission

Name _____ *Home Phone _____

*Street Address _____ Work Phone _____

*City, State, Zip _____ UP Resident? Yes No

*Email Address (Work email addresses become public information) _____

Are you over the age of 18? Yes No

If No, date of birth: _____

Occupation: _____

Education: _____

Professional and/or Community Activities:

Do you or your spouse have a financial interest in, or are you an employee or officer of any business which does or seeks to do business with the City of University Place?

Yes No If yes, please explain: _____

Are there any special accommodations that you require?

Yes No If Yes, please describe: _____

Have you ever been convicted of a felony or have you been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years?

Yes No If yes, please explain: _____

Please provide names and phone numbers of three references:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

In case of an emergency, please contact:

*Name: _____

*Phone: _____

*Relationship: _____

*Name: _____

*Phone: _____

*Relationship: _____

To the best of my knowledge, the information provided herein is true and complete. I understand that falsification of this application will be grounds for dismissal as a committee/commission member. Further, I give permission for an authorized representative of the City of University Place to conduct a state patrol criminal background check and to inquire of former employers and other individuals about my ability to perform all aspects of the volunteer position for which I am being considered, and I release the City of University Place and those individuals and/or institutions that provide information from any liability that may arise from the provision of this information.

I authorize any necessary emergency medical treatment that might be required for me in event of physical injury and/or accident to me while participating in this program. Furthermore I authorize the City of University Place and its agents the right to take and use photographs of me for civic purposes including use in City publications and on the City website. I understand that the City cannot always control use of these photographs by third parties.

As a volunteer for the City of University Place, I agree to follow all of the rules outlined in the City's volunteer policy. I will use all provided equipment appropriately and follow all safety practices. I am aware that the work associated with being a City volunteer involves certain risks of physical injury and death. Being fully informed as to these risks and in consideration of being given the opportunity to participate in the City's volunteer program, I hereby, on behalf of my heirs and myself, assume all risks in connection with my participation in this program. I further hold harmless the City of University Place, its officials, employees, and agents, for any injuries, losses or damages which may occur to me while I am participating in this program, and I waive any right to bring claim or lawsuit against them for any such injury, loss, damage, or death. Furthermore, I agree to hold harmless, defend and indemnify the City of University Place, its officials, employees and agents from any and all lawsuits for injury, loss, or damage to other persons or entities which may arise in the future as a result of or in connection with my participation in the volunteer program except for injuries or damages caused by the sole negligence of the City.

Signature: _____

Date: _____

SUPPLEMENTAL APPLICATION FOR APPOINTMENT
PUBLIC SAFETY ADVISORY COMMISSION



3609 Market Place West, Suite 200
University Place, WA 98466
PH: (253) 566-5656 FAX: (253) 460-2541

Name: _____

Note: All information on this form becomes public information when submitted. Please type or print clearly.

Describe why you are interested in serving on the Public Safety Advisory Commission.

What do you feel is the most important task of the Commission?

Describe the results you have seen of the Commission's work in University Place.

What, in your opinion, is the most significant issue that needs to be addressed by the Commission at this time?

This page left intentionally blank.

Authorization to Conduct Criminal Background Checks



Human Resources
 3609 Market Place West, Suite 200
 University Place, WA 98466
 PH: (253) 566-5656 FAX: (253) 460-2541

I, the undersigned applicant for employment with the City of University Place, Washington, give permission for an authorized representative of the City of University Place to verify my criminal history by conducting a criminal background check regarding my criminal conviction history in any state. I hereby release all law enforcement institutions from any and all liability arising from their giving or receiving information about my criminal background. It is further agreed and understood that I shall hold the City of University Place, its officers and employees harmless for the receipt and use of any and all information (written or oral) gained through these background checks. I understand that I will be notified of the Washington State Patrol's response to this request. I also understand that my employment is contingent on satisfactory results of the background check.

In accordance with Revised Code of Washington (RCW) 43.43.830.845 I disclose the following information:

HAVE YOU EVER BEEN	YES	NO
1. convicted of any crime against children or other persons;		
2. convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;		
3. convicted of crimes related to drugs as defined in RCW 43.43.830;		
4. found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;		
5. found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;		
6. found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult; or		
7. found by a court in a protection proceeding under Chapter 75.34 RCW, to have abused or financially exploited a vulnerable adult.		

It is my intention that any copy of this authorization be as effective as the original.

Dated this _____ of _____, 20_____

Name (please print): _____

Birthdate: _____

Signature: _____

M / F

Please attach a copy of your current driver's license or picture I.D.

Parent or guardian signature required for applicants less than 18 years of age.

Name (please print) _____

Signature: _____