

**Umatilla Police Department**

300 6th Street, Umatilla, OR 97882

Phone: (541) 922-3789 FAX: (541) 922-5694

**Umatilla Police Department Citizens Accountability Board (CAB)**

Board Member Candidate Application

The Umatilla Police Department is seeking dedicated volunteers to serve as members of the Citizens Accountability Board (CAB). CAB plays a vital role in our community by overseeing the discipline of juveniles who commit minor law violations, providing them an opportunity for accountability and growth while promoting restorative justice.

Why Join CAB? Serving on CAB is an opportunity to make a meaningful impact on the lives of young people and contribute to the safety and well-being of our community. As a CAB member, you will:

* Support Restorative Justice: Help guide juveniles toward making amends for their actions in a constructive manner.
* Promote Community Values: Foster accountability and positive change in young individuals, strengthening our community bonds.
* Model Integrity and Service: Uphold the principles of fairness, compassion, and discretion in all proceedings.

Key Responsibilities: CAB members will:

* Review cases involving juvenile offenders who have committed minor law violations.
* Provide input and recommendations for appropriate disciplinary actions.
* Maintain strict confidentiality regarding all cases, ensuring the privacy of those involved.
* Collaborate with fellow board members and law enforcement representatives to uphold the mission of CAB.

Candidate Requirements:

* Commitment to the values of community service and restorative justice.
* Ability to maintain strict confidentiality and discretion in all CAB matters.
* Willingness to collaborate and contribute in a respectful, impartial, and professional manner.
* Reside within the Umatilla area.

No prior experience is necessary; training will be provided.

Confidentiality Statement: Maintaining confidentiality is a cornerstone of the CAB’s effectiveness. Members must adhere to strict confidentiality policies to protect the privacy of juveniles and ensure the integrity of the process. Any breach of confidentiality will result in immediate removal from the board.

**Application Process:** To apply, please complete the application portion below and submit it to the Umatilla Police Department. Applications will be reviewed, and selected candidates will be contacted for an interview. Please include a brief statement detailing your interest in serving on CAB and how you hope to contribute to the community through this role.

**Submission Deadline:** Applications must be received by January 31, 2025. Late submissions will not be considered.

**Contact Information:** For additional questions, please contact Krysta Marlow at 541-922-3789 or Krysta.marlow@umatilla.gov.

Join us in making a difference. Together, we can strengthen our community and create brighter futures for our youth.

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| Name: |  |
| Any previous names: |  |
| Address: |  |
| City, State, Zip: |  |
| Phone: |  |
| Email: |  |
| Date of birth: |  |
| Driver license number: |  |

I hereby authorize the City of Umatilla to conduct a criminal background check on me. I understand that this security check will cover information including, but not limited to, criminal history, education and employment. I hereby release the City of Umatilla and its elected officials, employees, agents and assigns, as well as the Company performing the background check and its employees, from all liability resulting from furnishing of this information to the City of Umatilla.

I certify that the statement made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein could void consideration as a City of Umatilla volunteer.

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 Signature Date

For official use only:

Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police Review: [ ] Approved [ ] NOT approved Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police Department Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_