

Task Force on Safety and Crime Reduction - Application for Chair

Submit by email to Carol Brock, csbrock@coj.net, or mail to Carol Brock, Jacksonville City Council, Ste. 425, 117 W. Duval St., Jacksonville, FL, 32202. Application due no later than Friday, October 26, 2018.

Name:	Phone:	Email:
Address:		ZIP:
Describe your experience and expertise which qualify you to serve as chair of this task force: (100 words or less)		
Are you a Duval County resident?	Which category(ies) do you represent? <i>See list below.</i>	
Will you commit to serve as chair of this task force for approximately 24 months and meet at least 2 times per month for several hours?		
Additional comments and/or qualifications for the selection committee to consider for evaluating you as chair:		

Task Force membership shall consist of the following categories:

- Chair
- Vice Chair, City Council Member
- Additional City Council Member
- Representatives from the Mayor’s Office (*List Department/Title*)
- Representatives from Jacksonville Sheriff’s Office (*List Department/Title*)
- Representatives from State Attorney’s Office (*List Department/Title*)
- Representatives from Public Defender’s Office (*List Department/Title*)
- Representatives from Kids Hope Alliance (*List Department/Title*)
- Representatives from Duval County Public Schools (*List Department/Title*)
- Representatives from religious institution/place of worship, non-profit, or other community organization actively engaged in crime prevention initiatives (*List name of organization*)
- Representatives from business community (*List name of business*)
- Representatives from neighborhood group or association, Community Housing Development Organization, community activists (*List name of neighborhood or community*)
- Representatives from civic group (*List name of civic group*)
- Representatives from higher education institutions (*List name of institution*)
- Representatives from youth community (*List age*)

Task Force on Safety and Crime Reduction - Application for Membership

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Name:	Phone:	Email:
Address:		ZIP:
Describe your experience and expertise which qualify you to serve as a member of this task force: (100 words or less)		
Are you a Duval County resident?	Which category(ies) do you represent? <i>See list below for options.</i>	
Will you commit to serve as a member of this task force for approximately 24 months and meet at least 2 times per month for several hours?		
Additional comments and/or qualifications for the selection committee to consider for evaluating you as a member of the task force:		

Task Force membership shall consist of the following categories:

- Chair
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- Additional City Council Member
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