

Airborne Public Safety Accreditation Commission (APSAC)

Commissioner Application

COMMISSIONER APPLICANT

NAME	HOME PHONE	WORK PHONE	CELL PHONE
HOME ADDRESS	CITY, STATE AND ZIP		

WORK EXPERIENCE – List Most Recent Assignments First

AGENCY	UNIT / POSITION	FROM	TO

EDUCATION AND TRAINING

COLLEGE/UNIVERSITY	MAJOR	YEAR GRADUATED	DEGREE
VOCATIONAL/MILITARY SCHOOLS	COURSE ATTENDED	MONTH / YEAR	CERTIFICATE OBTAINED

AIRMEN CERTIFICATIONS & RATINGS

AWARDS AND HONORS

ARTICLES PUBLISHED

REFERENCES

Questionnaire:

1. Are you a current member of the Airborne Public Safety Association?
Yes ____ No ____
2. Are you now or have you previously been assigned to a public safety air support unit?
Yes ____ No ____ If yes, in what capacity: _____
3. If you are selected as an APSAC Commissioner, are you willing and available to attend periodic meetings without compensation other than travel and expenses? Yes ____ No ____
4. If you are selected as an APSAC Commissioner, are you willing to agree to and sign a confidentiality statement and a conflict of interest declaration? Yes ____ No ____
5. Are you currently employed by an APSA Corporate Member? Yes ____ No ____
6. If yes, with whom are you employed and in what capacity? _____

7. What experience do you have with accreditation and/or accreditation processes?

8. Briefly state your reasons for desiring an appointment as an APSAC Commissioner:

I certify that the statements and responses to this questionnaire are true and accurate to the best of my knowledge and ability.

Signature

Date

Please attach additional pages if needed.