

District: _____



Date: _____

**Application for:
District Advisory Committee and Subcommittee Membership/Officer Positions,
Beat Facilitator/Co-Facilitator.**

Name: _____

Address: _____

Phone #'s: Home: _____ Cell: _____ Fax: _____

Email: _____

Date of Birth: _____

Driver's License or State ID # _____

Occupation: _____

Business Address: _____ Phone: _____

Position(s) for which you are applying:

- | | |
|--|--|
| <input type="checkbox"/> District Advisory Committee (DAC) | <input type="checkbox"/> Member |
| <input type="checkbox"/> DAC Subcommittee | <input type="checkbox"/> Officer (Specify) _____ |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Member |
| <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> Officer (Specify) _____ |
| <input type="checkbox"/> Court Advocacy | <input type="checkbox"/> Member |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Officer (Specify) _____ |
| <input type="checkbox"/> Faith Based | <input type="checkbox"/> Member |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Officer (Specify) _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
- Beat Facilitator Beat Co Facilitator

Have you ever been convicted of a crime? Yes No

By signing below, I attest that the information provided above is accurate. I also authorize the Chicago Police Department to conduct a personal background investigation and agree to participate in a personal interview with the District Commander or his or her designee. I understand that providing false information or failing to agree to a personal background investigation and personal interview will disqualify me for holding office on the District Advisory Committee, its subcommittees or as a beat facilitator or co-facilitator. I also affirm that I have read the DAC By-Laws and agree to abide with the provisions contained therein.

Signature: _____

Date: _____