| District: |  |
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| Date: |  |
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## 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:  |   | t:<br>0  |                                      |
| Driver's License or State ID  | #   |  |                                      |
| Occupation:   |   | :#<br>   |                                      |
| Business Address:   |   | Phone:   |                                      |
| Position(s) for which you are District Advisory Com DAC Subcommittee  | mittee (DAC)  | Specify)  Member  Officer (Specify)  Member  Officer (Specify)  Member  Officer (Specify)  Officer (Specify)  Officer (Specify)  Other   |                                      |
| Beat Facilitator  | Beat Co Facilitator   |  | *                                    |
| Have you ever been convic   | ted of a crime? Yes   | ☐ No   |                                      |
| Department to conduct a per<br>District Commander or his<br>personal background invest<br>Committee, its subcommittee | ersonal background investigation<br>or her designee. I understand<br>igation and personal interview v | above is accurate. I also authorize the Chicagon and agree to participate in a personal interview of that providing false information or failing to a will disqualify me for holding office on the District office. I also affirm that I have read the DAC | w with the<br>agree to a<br>Advisory |
| Signature:  |   | _  |                                      |
| Date:   |   |  |                                      |

CPD-21.707 (Rev. 1/10)