

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:

- District Advisory Committee (DAC)       Member
- DAC Subcommittee       Officer (Specify) \_\_\_\_\_
- Domestic Violence       Member
- Senior Citizen       Officer (Specify) \_\_\_\_\_
- Court Advocacy       Member
- Youth       Officer (Specify) \_\_\_\_\_
- Faith Based       Member
- Other \_\_\_\_\_       Officer (Specify) \_\_\_\_\_
- Other \_\_\_\_\_       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: \_\_\_\_\_