



BARSTOW POLICE DEPARTMENT CHIEF'S COMMUNITY ADVISORY BOARD MEMBERSHIP APPLICATION

APPLICATION INFORMATION

FULL NAME:

DATE OF BIRTH:

CURRENT HOME ADDRESS:

CITY:

STATE:

ZIP CODE:

HOME PHONE:

CELL PHONE:

PERSONAL EMAIL:

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:

EMPLOYER ADDRESS:

HOW LONG EMPLOYED:

WORK PHONE:

EMAIL:

OCCUPATION:

CITY:

STATE:

ZIP CODE:

EMERGENCY CONTACT

NAME OF RELATIVE NOT LIVING WITH YOU:

RELATIONSHIP:

ADDRESS:

PHONE:

CITY:

STATE:

ZIP CODE:

ADDITIONAL INFORMATION

BRIEFLY EXPLAIN YOUR INTEREST IN THE CHIEF'S ADVISORY BOARD

DO YOU PRESENTLY SERVE ON A BOARD? YES NO

IF YES, PLEASE LIST:

HOW DID YOU HEAR ABOUT THE CHIEF'S COMMUNITY ADVISORY BOARD?

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME? YES NO

IF YES, PLEASE EXPLAIN:

PERMISSION TO CONDUCT A CRIMINAL HISTORY BACKGROUND INVESTIGATION

As an applicant for the Barstow Police Department's Chief's Community Advisory Board, I authorize the Barstow Police Department to conduct a criminal history background investigation. I understand this criminal history investigation is being conducted due to the sensitivity and confidentiality of the Police Chief's Community Advisory Board. I understand that all available police and criminal records will be checked and the information will be used in determining eligibility of applicants. By signing and submitting this application, you are confirming that all information in this application is true and correct under Penalty of Perjury. Applications are processed on a first-come, first served, basis. Submittal of an application does not guarantee acceptance onto the Police Chief's Community Advisory Board. For more information, please contact Senior Administrative Assistant Kathryn Carmon at (760) 255-5188.

DATE

SIGNATURE