

Police Community Advisory Board Application



Personal Information

Name	
Street Address	
City, State	
Zip Code	
Home Phone	
Work Phone	
Mobile Phone	
Fax Number	
E-Mail Address	

Police District

- 1st District
- 2nd District
- 3rd District
- 4th District
- 5th District
- 6th District
- 7th District
- 8th District

Are you at least 18 years of age?

- Yes
- No

Interests

Tell us in which areas you are interested

<input type="checkbox"/> Administration	<input type="checkbox"/> Juvenile Justice
<input type="checkbox"/> Events	<input type="checkbox"/> Cultural Awareness
<input type="checkbox"/> Crime Prevention	<input type="checkbox"/> Newsletter Production
<input type="checkbox"/> Youth Mentoring	<input type="checkbox"/> Volunteer Coordination

Community Activity

Are you involved in any community activities in your neighborhood?

- Yes
- No

If not, would you be interested in joining an organization in your neighborhood?

- Yes
- No

Have you attended a community meeting with the New Orleans Department or city sponsored leadership class?

- COMSTAT
- NONPACC/APACC
 - CLA
 - Police Citizens' Academy
 - DA's Academy
 - Other _____

Please share past/present community organizations you have participated with or are currently a member.

Please tell us why you want to volunteer your time to your police district PCAB and how you believe you can help build a positive and productive relationship between the community and the NOPD.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an advisory board member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in the Police Community Advisory Board.