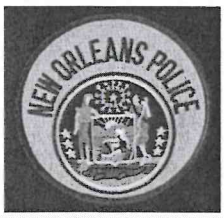
Police Community Advisory Board Application



Personal Information

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

Are you at least 17 years of age?

- ○ Yes
- ○ No

Interests

Tell us in which areas you are interested

- ☐ Administration
- ☐ Events
- ☐ Crime Prevention
- ☐ Youth Mentoring
- ☐ Juvenile Justice
- ☐ Cultural Awareness
- ☐ Newsletter Production
- ☐ Volunteer Coordination

Community Activity

Are you involved in a neighborhood watch group?

- ○ Yes
- ○ No

If not, would you be interested in joining a group in your neighborhood?

- ○ Yes
- ○ No

Have you attended a meeting with the New Orleans Neighborhood Police Anti-Crime Council?

- ○ Yes
- ○ No

Have you attended a COMSTAT meeting?

- ○ Yes
- ○ No

Police District

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

Please share any community organizations you participate with or 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 Police Community Advisory Board.