



**Chief's Advisory Committee Member Information Form**

**Full Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

*(Leave blank if same as physical address)*

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Emergency Contact Name/Relationship:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

**Background & Skills**

**What makes being a part of the Chief's Advisory Committee meaningful to you?**

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**What experiences have you had that will bring value to the Chief's Advisory Committee?**

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**What do you hope to accomplish by being a member of the Chief's Advisory Committee?**

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**Affiliations & Permissions**

**Affiliations (organizations, groups, etc.):**

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**OK with limited background check:**  Yes  No

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**Supplemental Questions**

**What are you looking to get out of the committee?**

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**What skills/knowledge would be relevant to the committee?**

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**Would you be interested in future committees if not picked this time?**

Yes  No

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**I have read and understand the Chief's Advisory Committee member roles and responsibilities.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_