



Community Advisory Board Application

Personal Information

1. Name: _____ Aka(s): _____
2. Are you at least 21 years old? (Must be 21 to participate) Yes No Date of Birth: _____
3. Telephone Number: () _____ Email: _____
4. Home Address: _____

Street
City
State
Zip
5. California Driver's License or ID Number: _____
6. Have you ever been convicted of crime, served a jail sentence or placed on probation?
 Yes No If yes, state nature of conviction, dates, city and state (please exclude juvenile offenses)

Times of Availability

7. Please mark which days & approximate times you could be available to meet. We will do the best to accommodate the most members:

	SUN	MON	TUE	WED	THU	FRI	SAT
Morning (0600-1200)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (1200-1800)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (1800-2400)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night (2400-0600)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please list any physical limitations that you may have (i.e. Unable to sit or stand for long periods of time):

9. How did you hear about the Community Advisory Board?

Friend Online Community Event Other: _____

10. Please check all that apply: (Must be a Turlock Resident or below Relationship to participate)

Turlock Business Owner: Name of Business _____

Turlock Latino Community Representative; Organization Name _____

Turlock African American Community Representative: Organization Name _____

TUSD School Leader

CSUS Leader

Turlock Spiritual/Clergy Leader: Church/Organization Name _____

Turlock Non-Profit Group Leader Organization Name _____

Other _____

11. Why are you interested in being a member of the Community Advisory Board to the Chief of Police?

12. Last 5 years of Employment History:

Employer Name & Address:	Title: Duties:
FROM: _____ TO: _____	Reason for leaving:
Employer Name & Address:	Title: Duties:
FROM: _____ TO: _____	Reason for leaving:
Employer Name & Address:	Title: Duties:
FROM: _____ TO: _____	Reason for leaving:
Employer Name & Address:	Title: Duties:
FROM: _____ TO: _____	Reason for leaving:
Employer Name & Address:	Title: Duties:
FROM: _____ TO: _____	Reason for leaving:

13. Any comments or further explanation(s):

14. Due to Department of Justice requirements you will have to pass a background check and fingerprinting. This is necessary so that you can have limited access to the police department. Do you agree to submit to the background check and fingerprinting? Yes No

15. Resume Attach Yes No

I understand that as a member of the Community Advisory Board to the Chief of Police, I am representing the City of Turlock and will adhere to the guidelines set forth by the program.

I acknowledge that I will commit to at least 2 years to the board and do so as a volunteer with no promise of any compensation. I also understand that my recommendations and or comments are of an advisory nature and are not binding on the Chief of Police or the City of Turlock. I acknowledge that I may be removed from the board at any time by the Chief of Police.

I attest, under the penalty of perjury under the laws of the State of California, that any and all of the information provided herein and any supplemental information submitted herewith, is true and correct to the best of my knowledge.

Signature: _____

Date: _____

RETURN COMPLETED APPLICATION BY MAIL OR IN PERSON TO:

**Attention: Office of the Chief of Police
TURLOCK POLICE DEPARTMENT
244 N. BROADWAY
TURLOCK CA, 95380**

Application deadline to apply is November 20, 2020.