



**Chesapeake Police Department Citizen Advisory Group
Membership Application:**

(Return Form to Chesapeake Police Department, Attn: Lt. K.A. Davis, 304 Albemarle Dr., Chesapeake, VA 23322 or fax to: Attn: Lt. K. A. Davis at 382-6331 or Email kadavis@cityofchesapeake.net)

Name (Last, First, MI): _____

Home Address: _____

E-mail Address: _____

Contact Telephone Numbers: _____

Occupation: _____

Business Name/Address: _____

Education/Experience:

Volunteer/Community Involvement:

Reference(s):

Signature: _____ **Date:** _____

If selected to be a member of the Chesapeake Police Department's Citizen Advisory Group, a Criminal History background check will be conducted on you at no cost.
Freedom of Information Act Disclosure Statement: As an applicant/member of the Citizens Advisory Group, your name, address and published phone number will be available to the press and public. This information will be kept on file for two years.