



FREEDOM DIVISION ADVISORY COUNCIL

Membership Application

Please complete the following information and return the completed application to Rgarcia@cmpd.org.

Applicant Information

First Name:	Last Name:

Home Address:	City/State

HOME PHONE:	CELL PHONE:

DATE OF BIRTH:	DRIVER'S LICENSE#

Emergency Contact Information

NAME (FIRST, LAST):	CONTACT NUMBER:
RELATIONSHIP:	

DO YOU REPRESENT A BUSINESS OR RESIDENCE?	
WHICH COMMUNITY DO YOU REPRESENT?	
ARE YOU A PART OF A COMMUNITY WATCH?	

DO YOU HAVE SPECIAL SKILLS, TRAINING, OR HOBBIES?

HOW DO YOU BELIEVE THE FDAC WILL BENEFIT YOU?

WHAT ARE YOUR EXPECTATIONS WHEN JOINING THE FDAC?

PLEASE PROVIDE THREE REFERENCES OTHER THAN FAMILY MEMBERS? (FIRST AND LAST NAME CONTACT NUMBER)

1.

2.

3.

HOW DID YOU HEAR ABOUT THE FDAC?

I hereby grant permission to ***The Freedom Division Advisory Council*** to use photographs and/or videos of me taken during the any community event related to the (FDAC) in publications, news releases, online, and in other communications related to the mission and purpose of the ***Freedom Division Advisory Council***.

X

I hereby grant permission to ***The Freedom Division Advisory Council*** to run a criminal background check on me. I understand that certain findings may restrict my ability to participate as a member or volunteer for the ***Freedom Division Advisory Council***.

X

INTERNAL USE ONLY