



# **COVER SHEET**

## **CITY of CAPITOLA**

### **POLICE CHIEF ADVISORY COMMITTEE APPLICATION**

The Capitola Police Chief's Advisory Committee is meant to serve as a link to the community and the Police Department. It will serve as a mechanism for members of the public to learn about Police initiatives, understand Police policy, and provide input on Police operations.

Name: \_\_\_\_\_  
*Last* *First*

Telephone: \_\_\_\_\_  
*Home* *Cell*

E-mail Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

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

Are you a resident of the City of Capitola? Yes  No

What relevant experience or education can you bring to this Committee?

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Please identify areas of interest or concern relating to modern policing that you would be interested in discussing as a member of this Committee.

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Email to: [adally@ci.capitola.ca.us](mailto:adally@ci.capitola.ca.us)

Mail or Deliver Application to:  
Capitola Police Department  
Attn: Police Chief  
421 Capitola Avenue, Capitola, CA 95010



# CITY *of* CAPITOLA

## POLICE CHIEF ADVISORY COMMITTEE APPLICATION

Do you belong to any local community organizations or associations?

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Meeting dates/times will be established by a majority of the Committee. Are there any days/times you are **not** available for meetings?

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What additional comments do you have to assist in evaluating your qualifications for appointment to this Committee?

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(Use additional paper, if necessary)

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Are you at least 18 years of age? Yes  No

Have you ever applied to work for the City of Capitola? Yes  No

If yes, in what capacity? \_\_\_\_\_

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge. I understand that falsification, misrepresentation, or omission of facts called for by the application could result in immediate disqualification or dismissal from this program. Yes  No

I acknowledge that if appointed to this Committee, I may be required to attend or participate in training relevant to the Committee. Yes  No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

It is the policy of the City of Capitola that no qualified disabled person will be denied the opportunity to participate as a member of the Committee. Appropriate arrangements will be made to accommodate individuals as needed.

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