

ChATs
PO Box 621
Horsham, PA 19044

THE HORSHAM POLICE DEPARTMENT
CHIEF'S ADVISORY TEAMS
ChATs APPLICATION

Phone:
215-643-8284 ext 150
FAX:
215-643-0390

NOTE: Applicants must be at least 18 years of age. Incomplete and/or unsigned applications will not be considered.

Please print or type.

Date: _____

Last Name:	First Name:	Middle:	Sex:
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Date of Birth:	
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Street Address:

City:	State:	ZIP:
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Telephone Numbers Home: ()	Driver's License Number:	State:
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Work: ()	Make of Car:
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Cell: ()	License Plate and State:
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E-Mail Address:

Employer:	Title:
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Employer's Address:

Hours at Work:

Have you ever been convicted of any offense of a misdemeanor or felony degree: _____ If yes please explain:

"I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment in or dismissal from the Horsham Police Department's Chief's Advisory Teams.

I further understand that the Horsham Police Department will be conducting a thorough background investigation that may include, but is not limited to, any criminal history."

Applicant's Signature _____ Date: _____

If you have any questions please contact the Horsham Township Police Department at 215-643-3600.

ChATs STAFF USE ONLY:

Neighborhood ChAT's Team:

Reviewed by:	Date:
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