

CITY OF RALEIGH POLICE DEPARTMENT | Interfaith Community Ambassadors for Responsive Engagement Team



If you are interested in joining the Interfaith Community Ambassadors for Responsive Engagement (I-CARE) Team, please complete the application and the questionnaire on the following pages and submit them to:

**Raleigh Police Department
6716 Six Forks Road
Raleigh, NC 27615
Attn: I-CARE Team**

Personal information is being requested for the purpose of conducting criminal background investigations.

The policy of the City of Raleigh is, and shall be, to oppose any discrimination based on actual or perceived age, mental or physical disability, sex, religion, race, color, sexual orientation, gender identity or expression, familial or marital status, economic status, veteran status or national origin in any aspect of modern life.

The Raleigh Police Department welcomes the participation of all individuals, including those with disabilities. We are committed to compliance with the Americans with Disabilities Act and will provide reasonable accommodations to facilitate participation in this program. To ensure that reasonable accommodations are in place, we ask that every effort be made to inform us of reasonable accommodation requests at least two weeks prior to the start date of the I-CARE Team by contacting the I-CARE team at ICARE@raleighnc.gov or 919-996-1626.

By submitting this application, you are pledging to faithfully attend and participate in the I-CARE Team to the best of your ability.

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FIRST NAME:	MI:	LAST:	
ADDRESS			
CITY, STATE, ZIP:			
DOB:	RACE:	GENDER:	
DRIVER'S LICENSE NUMBER:			STATE:
DAY TELEPHONE #:		EVENING TELEPHONE #:	
EMAIL ADDRESS:			
HOUSE OF WORSHIP NAME:			
DENOMINATION:			
HOUSE OF WORSHIP ADDRESS:			
CITY, STATE, ZIP:			
TELEPHONE:			
EMERGENCY CONTACT:		RELATIONSHIP:	
ADDRESS:			
PHONE:			

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1. Can you commit to attending monthly meetings of the I-CARE Team?

- ☐ Yes
☐ No

2. Applicants of the I-CARE Team have a choice of serving 12 months or 18 months. Please select your preference:

- ☐ 12 months
☐ 18 months

3. Why do you want to join the I-CARE Team?

4. How will your participation impact your organization and the greater community?

5. How did you hear about the I-CARE Team?

I hereby certify that each and every statement made on this form is true and complete and understand that any misstatement or omission of information will subject me to disqualification.

Signature _____

Date _____