

Future Police Chiefs Training July 28 - August 1, 2025 Biographical Sketch Questionnaire



<u>Purpose:</u> To help the instructors tailor this class to best meet your needs and to familiarize themselves with you.

Please complete this questionnaire, save it using your **last name (i.e., smith.docx)**, attach a jpeg photograph of yourself, and email it to <u>info@fpca.com</u>.

Our instructors thank you in advance for providing this information no later than Friday, July 18, 2025. Please note: if we do not receive this form back by the due date, we will not be able to include it in training material. Thank you for understanding our printing deadline.

Full Name:
Agency:
Work Address:
Work Phone:
Work Email:
Cell phone:
Education:
Professional Experience

What are your expectations of the Future Police Chiefs Training?				
Personal Information				
Nickname/Preferred Na	me:			
Hobbies/Items of Interes	st About You:			
Month/Day of Birth:		Pets:		
Spouse or Significant Other:				
Agency Demographic	S			
Service Population:				
Jurisdiction Size (in squ	ıare miles):			
No. of Agency Sworn:		No. of Agency Civ	No. of Agency Civilian:	
Agency Accredited: Y	es No	CFA	CALEA	
How did you hear about this training?				
Please save this completed questionnaire by your last name and return it, along with a head shot of yourself, to info@fpca.com .				