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**Profile**

Email Address

Duwayne

First Name

Chavez

Last Name

**Ethnicity****Gender****What district do you live in? \***☒ District 1

Primary Phone

Alternate Phone

**The City of Stockton uses email as the preferred method of communication regarding your application. Is this acceptable to you?**

☒ Yes ☐ No

Employer

**Are you currently serving on a City of Stockton Board, Commission, or Committee?**

☐ Yes ☒ No

**Which Boards would you like to apply for?**

Measure A Citizens' Advisory Committee: Submitted

Question applies to multiple boards

**NOTE: This Board requires membership with one of the following groups. If none, please remove board from your application. Are you knowledgeable, have experience in, or extensive background in any of the following areas? Select all that apply. \***

- ☒ Active in community activities significant enough to confirm knowledge of issues and individuals within the community
- ☒ Possess decision-making abilities
- ☒ Understanding of Ethnic/Gender Diversity
- ☒ Willingness to tolerate/promote change

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## Interests & Experiences

**Please tell us about yourself and why you want to serve.**

It has always been my objective in life to be of service to my community and make a difference.

**Please state the reason you would like to be a member of this board/commission.**

As a former police officer, I have a background in law enforcement which I believe can be used to fulfill the duties called for by this board.

**Have you served on an advisory group before?**

☐ Yes ☒ No

**City Council Policy 3.03 states that Commissioners are required to attend meetings on a regular basis. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member?**

☒ Yes ☐ No

**Do you or immediate family members have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group?**

☐ Yes ☒ No

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## Background Information

**Based on your best judgment, does this Commission make decisions that may affect any sources of income, interests in real property, or investments of you or your spouse?**

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☐ Yes ☒ No

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**Voter Registration (Questions appear if required)**

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**Submit Application**

**Enter Your Initials:**

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DC

**Date Signed**

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06/29/2025