Citizens Academy Application Form

Complete and sign the application form and return it to the Support Services Division. Applicants will receive confirmation and directions.

Following successful attendance, the participant will receive a certificate of completion from the Chief of Police.

If you are interested in applying to be a member of the next citizens academy please fill out the below application. Your signature at the bottom authorizes the Chesterfield County Police Department to perform a background check on you. Any convictions that the Chesterfield County Police Department deems detrimental to the program may disqualify your participation.

***Full Name*:**_____

(Last) (First) (Middle)

Address:_____

City-State Zip Code_____ **E-Mail Address**_____

Telephone Numbers: Home_____ **Work**_____ **Cell**_____

Date of Birth:_____ **Social Security #**_____ **Sex**_____ **Race**_____

County Resident? Yes/No **Do you own a business in Chesterfield County Yes/No**

Which session would you like to attend? ☐ **Fall (September 7th – November 9th) 7 p.m.-10 p.m**
☐ **Spring 2007 (Dates and time to be determined)**

I, _____, authorize that a criminal history and a DMV check be conducted on my name in reference to the Citizens Academy.

Signature _____

Please Mail this application to the following:

Chesterfield County Police Department
Support Services Division- Citizens Academy Coordinator
2730 Hicks Rd.
Richmond, Va. 23235