

# CITIZEN'S POLICE ACADEMY APPLICATION

Please complete this application and email to [pdcommunityservices@chesterfield.gov](mailto:pdcommunityservices@chesterfield.gov). Your signature at the bottom authorizes the Chesterfield County Police Department to perform a background check. Any information that the Chesterfield County Police Department deems detrimental to the program may disqualify you from participation.

Once accepted into the Academy, applicants will receive a letter of confirmation, additional information, and directions.

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

## Applicant's Information

Last Name:		First Name:		Middle Name:	
Address:				Date of Birth:	
Phone:	Home Cell Work	Alternate Phone:	Home Cell Work	Sex:	Male Female
Email Address:				Driver's License Number	
Are you a Chesterfield County resident?				Yes	No
Do you own a business, or are you a member of a community or civic organization in Chesterfield County?				Yes	No
Would you like a free home security assessment?				Yes	No
Which academy would you like to attend?				Spring 2021(Tuesdays, April-May, 8:30 a.m.-12:30 p.m.) Fall 2021(Thursdays, September-October, 6:30 p.m.-10 p.m.)	

I, \_\_\_\_\_, authorize the Chesterfield County Police Department, or its designee, to obtain the my criminal history and run a DMV check utilizing my name, for purposes of my application to the Citizen's Police Academy. I agree that my electronic signature is the legal equivalent of my manual signature for this authorization.

\_\_\_\_\_  
Participant's Signature



Chesterfield County Police Department  
Community Services Division  
Citizens Police Academy Coordinator  
2730 Hicks Road  
N. Chesterfield, VA 23235

