



Chesapeake Police Department Citizens Police Academy Application



The Citizens Police Academy allows citizens of Chesapeake to gain a realistic view of their police department. It is anticipated that the insight gained by participating in this program will be both enjoyable and informative. The following information is required:

Name: _____
(Last) (First) (Middle)

Current Address: _____
(Street) (City) (Zip Code)

E-Mail Address: _____
(Please block print as most communications will be by email.)

Home Phone: _____ **Cell Phone:** _____

Occupation: _____

Employer (or if student, name of school): _____

Do you have any medical condition that might affect your ability to participate in the program?

No Yes **Please explain:** _____

Emergency Contact: _____

Phone: _____ **Address:** _____

A PHOTOCOPY OF YOUR CURRENT DRIVER'S LICENSE MUST BE SUBMITTED WITH THIS APPLICATION.

Initial: _____

AUTHORIZATION FOR RELEASE OF INFORMATION TO THE CHESAPEAKE POLICE DEPARTMENT

Any Local, State or Law Enforcement Agency:

I, _____, have applied to attend the Chesapeake Police Department's Citizens Police Academy. I am aware that a criminal history check of me will be conducted. I hereby authorize and request the release of any criminal history information you have concerning me to the Chief of Police, Chesapeake, Virginia, or his representative, upon presentation of this release or copy thereof.

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Other Names Known By: _____

Other States Lived in Since Age 18: _____

Signature (must be signed before a Notary)

State of Virginia, City of Chesapeake: the foregoing instrument
was acknowledged before me on this _____ day of 20_____

Notary Public

**SUBMIT YOUR SIGNED AND NOTARIZED APPLICATION AND A PHOTOCOPY OF YOUR
CURRENT DRIVER'S LICENCE TO:**

**CCPA
CHESAPEAKE POLICE ACADEMY
1080 SENTRY DRIVE
CHESAPEAKE, VA 23323**

REGISTRATION WILL CLOSE THREE WEEKS PRIOR TO THE START OF EACH SESSION