



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:

I am applying for the:

Spring Session

(Starts the first Monday in April)

Fall Session

(Starts the Monday following Labor Day)

Name: _____

(Last)

(First)

(Middle)

Current Address: _____

(Street)

(City)

Zip Code)

E-Mail Address: _____

(Please block print as most communications will be by email.)

Re-enter E-Mail Address: _____

Phone- Home: _____ Cell: _____

Occupation: _____

Employer: (If student, name of school) _____

Emergency Contact: _____

Phone: _____ Address: _____

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

No Yes Please explain: _____

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 Academy'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 this ____ day of 20 _____

Note: Free Notaries Public are available in the
City Libraries. Call ahead to your branch to
verify hours.

Notary Public

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

CCPA

CHESAPEAKE POLICE ACADEMY

1080 SENTRY DRIVE

CHESAPEAKE, VA 23323

**NOTE: REGISTRATION WILL CLOSE THREE WEEKS PRIOR TO THE START OF EACH
SESSION.**