



# 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\***