



**Henrico County Police Division**  
**Citizens Police Academy Application**  
*(All sections must be completed to be considered.)*

Name: (Please check one: Mr. Mrs. Ms.)

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Street Address:

PO Box:

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City:

State:

Zip Code:

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Home Phone:

Work Phone:

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Cell Phone:

E-mail address:

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Henrico County Resident?     Yes     No    How did you hear about the Citizens Police Academy?

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Why do you want to attend?

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Police Academy Selection:

*(Academies meet weekly for 11 weeks)*

**Citizens Academy - Spring**

(March-May) 6:30-9:30 p.m.

**Citizens Academy - Fall**

(September-November) 6:30-9:30 p.m.

Citizens Academy: Ages 18+

Senior Citizens Academy: Ages 55+

**Senior Citizens Academy - Spring**

(March-May) 9AM-Noon

**Senior Citizens Academy - Fall**

(September-November) 9AM-Noon

I \_\_\_\_\_  
 (Signature Here)

Authorize Henrico Police to conduct both a criminal history and DMV check as part of the application process for the Citizens Academy.

***(The following information is required and will be used for a criminal history/DMV check of all applicants.)***

Date of Birth:

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Driver's License Number:

State of Driver's License Issue:

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Driver's License Exp.:

Is your license valid?  Yes     No

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Employer:

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Employer Address:

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City:

State:

Zip Code:

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Have you ever been arrested and or convicted of a misdemeanor or felony?     Yes     No

*(This also included misdemeanor traffic violations)*

If yes, explain where and final disposition:

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Please mail completed application to:  
 Henrico County Police Division, Citizens Academy Coordinator  
 7721 E. Parham Road, PO Box 90775, Richmond, VA 23273-0775