Henrico County Division of Police
Community Police Academy Application

(All sections must be completed to be considered.)

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

Street Address: PO Box:

City: State: Zip Code:

Home Phone: Work Phone:

Cell Phone: E-mail address:

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

Why do you want to attend?

Police Academy Selection:
(Academies meet weekly for 11 weeks)
Mornings and **Evening** available (+18)

☐ **Community Academy - Morning Spring (**Mar-May) 9:30a.m. 12:30 p.m.

☐ **Community Academy - Morning Fall** (Sept. - Nov.) 9:30a.m.-12:30 p.m.

☐ **Community Academy** - Evening **Spring** (Mar-May) 6 - 9 PM

☐ **Community Academy - Evening Fall** (Sept. - Nov.) 6 - 9 PM

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/DM check of all applicants.)

Date of Birth:

Driver's License Number: State of Driver's License Issue:

Driver's License Exp.: Is your license valid? ☐ Yes ☐ No

Employer:

Employer Address:

City: State: Zip Code:

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:

Please mail completed application to:
Henrico County Division of Police, Community Academy Coordinator 7721 E. Parham Road, PO Box 27032, Richmond, VA 23273-7032