

James City County Police Department Citizens Police Academy (CPA)

Instructions:



Please fill out the application and submit it to the Citizens Police Academy Coordinator via email at Police@jamescitycountyva.gov with the subject line indicating Citizens Police Academy Coordinator, or mail to James City County Police Department, Citizens Police Academy Coordinator, P.O. Box 8784, Williamsburg, VA 23187.

If you have any questions, please contact the Community Services Supervisor at 757-253-1800.

James City County Police Department

Citizens Police Academy

Instructional Requirements and Responsibilities

1. Citizens Police Academy participants shall not interfere with routine operations of the Police Department.
2. During the Ride Along participants are to follow the instructions of the Police Officer and not interfere with the performance of their duties.
3. Participants shall not be armed at any time during the academy, except at the firing range with a weapon provided by James City County Police and under the supervision of a Firearms Instructor.
4. Participants who are asked to identify themselves by a Police Officer while at the Law Enforcement Center shall explain they are attending the Citizens Police Academy.
5. Smoking is not allowed in the Law Enforcement Center. Smoking is allowed outside and cigarette receptacles are located by each entrance.
6. A criminal records check will be conducted on all participants prior to the Academy start date.

In consideration of the James City County Police Department granting permission to enter in or upon any premises or vehicles which are under its actual care or constructive or passive control, I hereby waive all claims to damage or loss to my person or property which may be caused by an act, or failure to act, of the James City County Police Department, its officers, agents, or employees. I assume the risk of all dangerous conditions in, upon, or about the premises or vehicles and waive any and all notice of existence of such conditions.

I certify that I understand the requirements and responsibilities of participants in this program.

Applicant Signature

Date

James City County
Citizens Police Academy
Applicant Information

Names: _____
Last, First, M.I.

Address: _____

Phone #: _____

Date of Birth: _____

Email Address: _____

I would like my name to appear on the graduation certificate as follows:

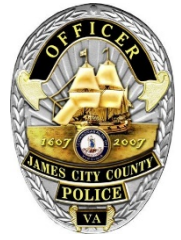
Office Use only:

| | | | |
|----------------------------|---------------------|----------------|--------------------------|
| Date Application Received: | Background Results: | Date Notified: | Enrolled in Academy: Y/N |
|----------------------------|---------------------|----------------|--------------------------|



James City County Police Department

Authorization for Criminal History Record Check



| | | | |
|----------------|---------------|-------------|-------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | MAIDEN NAME |
| PLACE OF BIRTH | DATE OF BIRTH | | |

I certify that the information provided above is true and correct. I hereby give consent and authorize the James City County Police Department to search their files, the Virginia Criminal Information Network, the Central Criminal Records Exchange, and the National Crime Information Center for any information relating to my criminal history record. I understand that this information will be used, in part, to determine my eligibility for employment, for a volunteer position, or for participation in the Citizen's Police Academy. Unauthorized or further dissemination will subject the disseminator to criminal and civil penalties.

Signature of Applicant