

# City of Fairfax Police Department

## Citizen Police Academy Application



The Citizen Police Academy is designed to give citizens an overview of the City of Fairfax Police Department. Graduates of the course will have a better understanding of the operation of the police department and a greater awareness and appreciation of the challenges and decisions faced by City of Fairfax police officers each day.

The 11 week program will meet one evening per week and consists of classroom and hands-on instruction. Topics to be covered will include virtually every aspect of police work including patrol, investigations, gangs, tactical operations, communications and crime-scene management. In addition, participants will be given the opportunity to ride a shift with a patrol officer and observe the application of law, policy and tactics.

*Please complete this form and return to:*

City of Fairfax Police Department  
Citizen Police Academy  
3730 Old Lee Highway  
Fairfax, Virginia 22030

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*last first middle*

ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*street city state zip*

PHONE: (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RACE : \_\_\_\_\_ SEX: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

OCCUPATION AND JOB TITLE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

Have you ever been arrested for an offense other than a traffic violation? ☐ Yes ☐ No

If yes, state where, when and describe the circumstances:

\_\_\_\_\_  
\_\_\_\_\_

Has your drivers license ever been suspended? ☐ Yes ☐ No

If yes , state when and for what reason: \_\_\_\_\_

\_\_\_\_\_

Describe in your own words why you want to attend the Citizen Police Academy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the City of Fairfax Police Department to make an examination of the records available to the City of Fairfax Police Department for the purpose of evaluating my application.

SIGNATURE \_\_\_\_\_

Departmental Use:

Date Received \_\_\_\_\_

Date Accepted \_\_\_\_\_

Deferred : ☐ Class Full ☐ Non-City Resident ☐ Other \_\_\_\_\_