



ALEXANDRIA POLICE DEPARTMENT
Community Relations Unit
 2003 MILL ROAD ALEXANDRIA, VIRGINIA 22314
 (703) 838-4520
YOUTH CITIZENS' POLICE ACADEMY
APPLICATION



Participant Name	
Date of Birth	/ / Age:
Address	
City, State Zip	
Home Phone Number	() Cell # ()
School Attending	Grade:
Parent / Guardian Name	
Address	
City, State Zip	
Home Phone Number	() Work # ()
Emergency Contact	
Telephone Number	()

PARTICIPANT: Please state below why you are interested in attending the Youth Citizens' Police Academy. Use additional papers if necessary and attach.

AS A STUDENT OF THE ACADEMY YOU WILL BE ALLOWED ACCESS TO SENSITIVE AREAS WITHIN THE POLICE DEPARTMENT. A REVIEW OF ANY CRIMINAL RECORDS WILL BE CONDUCTED.

I, _____ understand that this training will not authorize me to carry a firearm or exercise any law enforcement powers granted by the COMMONWEALTH OF VIRGINIA or THE CITY OF ALEXANDRIA, VIRGINIA.

Participant: _____ Date: _____