



**ALEXANDRIA POLICE DEPARTMENT  
CITIZENS' POLICE ACADEMY  
APPLICATION**



**CPA Coordinator:** 703-746-1909

Academy Requirements:

- Applicants must be at least 21 years of age.
- Applicants must live or work in the City of Alexandria.
- Applicants must not have had a misdemeanor arrest within 1 year of application.
- Applicants must have no felony convictions.

Full Name: \_\_\_\_\_

Name by which you wish to be addressed: \_\_\_\_\_

Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work #: \_\_\_\_\_ SS#: \_\_\_\_\_

Email: \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's License # and State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Address and Phone #: \_\_\_\_\_

**Why do you wish to participate in the Citizens' Police Academy?:**

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

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I, \_\_\_\_\_, hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions.

I understand that any omission or false statement on this application shall be sufficient cause for rejection or dismissal from any Department program.

I fully understand that all Department programs are non-confrontational and that at no time am I to take any type of enforcement action against anyone. If I observe suspicious and/or criminal activity, I will report it to the police.

I acknowledge as part of acceptance in the Citizen's Police Academy, I will be required to:

- • Attend all scheduled events. Contact Department if unable to attend session.
- Abide by all rules and regulations set forth by the Police Department and the City of Alexandria.
- No weapons are allowed during any scheduled portion of the Citizens' Police Academy.
- Provide my own transportation and insurance.
- Dress appropriately. Casual attire is acceptable for most events.
- Participants in the Alexandria Police Department Citizens' Police Academy consent to the Police Department's use of any photograph, film or videotape of the activity in any marketing or promotional material.

**I further understand that the Alexandria Police Department will conduct a thorough background investigation which may include, but will not be limited to fingerprinting, any criminal history, employment history, and personal references.**

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

***WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT***

I, the undersigned \_\_\_\_\_, for and in consideration of being a participant in the Alexandria Citizens' Police Academy of the City of Alexandria, and allowed use of the City of Alexandria property, equipment and services, including but not limited to the weapon firing range, and recognizing that such activity involves certain inherent risks and dangers to my property and person, do hereby agree to assume the risks attendant to such activity, to include property damage and physical injury from such services, and do hereby release and hold harmless the City of Alexandria, its Police Department, agents, and employees, in both their public and private capacities, from any all liability, claims, suits, demands or causes of action which may arise.

It is further agreed that the execution of this release shall not constitute a waiver by the City of Alexandria of defense of governmental immunity, where applicable or any other defense recognized by the Courts of this Commonwealth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application to the address below.

Alexandria Police Department  
Volunteer Unit  
Citizens' Police Academy  
3600 Wheeler Avenue  
Alexandria, VA 22304