



Richmond Police Department Neighborhood Assistance Officer Academy Application for Admission



Applicants must be 21 years or older. Please type or print clearly. All applications that are incomplete and/or unsigned will not be accepted. There is no charge for admission into the Richmond Police Department Neighborhood Assistance Officer Academy.

PERSONAL		
NAME:	SEX:	RACE:
HOME ADDRESS:		
HOME TELEPHONE:	MOBILE PHONE:	
Do you have any impairments (include pregnancy)? Please list.		
EMERGENCY CONTACT:		
EMERGENCY CONTACT PHONE:		
Have you ever been convicted of a felony and/or misdemeanor?		
YES: _____ NO: _____ If YES, please explain in detail, listing appropriate dates, charges, court jurisdiction, and action taken by court:		
Do you have any criminal charges pending in any court of any state of the United States? YES _____ NO: _____ If YES, please explain in detail, listing appropriate dates, charges, and court jurisdiction:		

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BACKGROUND
Please briefly explain why you wish to attend the Richmond Police Dept. Neighborhood Assistance Officer Academy:
Please list any associations, clubs, or organizations you are affiliated with:
Would you be willing to volunteer your services or expertise beyond the Neighborhood Assistance Officer Program to assist the Richmond community and the Richmond Police Dept. in achieving its goals in reducing crime? YES _____ NO: _____ If YES, please explain:

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EMPLOYMENT	
List information on your place of employment. (Please indicate if you are retired, a homemaker, unemployed, etc.):	
PRESENT EMPLOYER:	
EMPLOYER ADDRESS:	
HOW LONG EMPLOYED:	TELEPHONE:
POSITION/TITLE:	
BUSINESS NAME (if applicable):	
BUSINESS ADDRESS:	
ARE YOU THE OWNER? YES: NO:	

RECOMMENDATIONS:

Were you recommended or advised to apply for admission by anyone in particular? If so, whom, and what is their affiliation with the City of Richmond, the Richmond Police Department, and/or the Neighborhood Assistance Officer Program?

(Please review your answers carefully and read the statement below before signing this application).

I hereby certify that there are not willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment, or dismissal from the Richmond Police Department Neighborhood Assistance Officer Academy and its program.

I further understand that the Richmond Police Department will be conducting a background investigation that may include, but is not limited to, a criminal history.

Applicant's Signature

Date

NOTE: All completed applications should be forwarded to:

**Richmond Police Department
Special Operations Division
Attention: Lt. Ed Capriglione**

**Phone: 804-646-1726
2219 Chamberlayne Avenue
Richmond, Virginia 23222**

AUTHORITY FOR RELEASE OF INFORMATION

I, _____, respectfully request and authorize you to furnish the City of Richmond Police Department, ANY and ALL information that you have concerning my employment record, criminal history, and character. This information is to be used to assist the Richmond Police Department in determining my qualification and fitness to participate in the Neighborhood Assistance Officer Academy. A reproduction of this release form will be valid as an original, hereof, and shall expire twelve months from the date of its acknowledgement.

I hereby release you, your organization, or others from any and all liability or damage, which may result from furnishing the information requested. I further understand that sources of information, as well as the information itself, cannot be released to me.

Applicant's Signature

Date Signed

Address

Date of Birth

City, State, and Zip Code

Social Security #

Received By: