



## VIRTUAL CITIZENS POLICE ACADEMY Application

### Please Read Carefully Before Proceeding

**Please type or print legibly.** All applications that are incomplete and/or unsigned will not be accepted. There is no charge for admission into the Richmond Citizens Police Academy. Completed applications should be mailed, emailed or faxed to:

Richmond Police Department  
CYIS Division, Room 421  
**Attn: Citizens Police Academy**  
200 West Grace Street  
Richmond, VA 23220  
Email: [RPDCares@richmondgov.com](mailto:RPDCares@richmondgov.com)  
Fax (804) 646-4299

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

Age: \_\_\_\_\_

### **Personal Information**

Name:	Sex:	Race:
Complete Home Address:		
Mobile Telephone:		
E-mail Address:		
Twitter, if applicable:		
Are you currently enrolled in college/university? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, please list name of college/university:</i>		
<i>Please list name of college/university academic major/minor:</i>		
Do You Have Any Impairment(s) (Include Pregnancy)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, please list:</i>		

Emergency Contact Name:
Telephone:

**Background**

Please explain briefly why you wish to attend the City of Richmond Citizens Police Academy: \_\_\_\_\_

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Please list any associations, clubs, or organizations you are affiliated with: \_\_\_\_\_

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

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any misrepresentations, omissions or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the City of Richmond Citizens Police Academy.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

