



**Henrico County Police Division**  
**Citizens Police Academy Application**  
*(All sections must be completed to be considered.)*

Name: (Please check one: Mr. Mrs. Ms.)

Street Address:

PO Box:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Cell Phone:

E-mail address:

Henrico County Resident?     Yes     No    How did you hear about the Citizens Police Academy?

Why do you want to attend?

Police Academy Selection:

*(Academies meet weekly for 11 weeks)*

**Citizens Academy - Spring**  
 (March-May) 6:30-9:30 p.m.

**Citizens Academy - Fall**  
 (September-November) 6:30-9:30 p.m.

Citizens Academy: Ages 18+

Senior Citizens Academy: Ages 50+

**Senior Citizens Academy - Spring**  
 (March-May) 9AM-Noon

**Senior Citizens Academy - Fall**  
 (September-November) 9AM-Noon

I \_\_\_\_\_  
 (Signature Here)

Authorize Henrico Police to conduct both a criminal history and DMV check as part of the application process for the Citizens Academy.

***(The following information is required and will be used for a criminal history/DM check of all applicants.)***

Date of Birth:

Social Security Number:

Driver's License Number:

State of Driver's License Issue:

Driver's License Exp.:

Is your license valid?  Yes     No

Employer:

Employer Address:

City:

State:

Zip Code:

Have you ever been arrested and or convicted of a misdemeanor or felony?     Yes     No  
 (This also included misdemeanor traffic violations)

If yes, explain where and final disposition:

Please mail completed application to:  
 Henrico County Police Division, Citizens Academy Coordinator  
 7721 E. Parham Road, PO Box 90775, Richmond, VA 23273-0775