

**King and Queen County Sheriff's Office
Citizens Police Academy**



Application Packet

J.R. Charboneau

King and Queen Sheriff's Office

P.O. 38

King and Queen Courthouse, VA 23085

Citizens Police Academy

King and Queen County Sheriff's Office

The King and Queen County Sheriff's Office Citizens Police Academy is a ten-week program that offers King and Queen County residents an opportunity to gain understanding on the many facets of a law enforcement agency.

The 1st session presented by the King and Queen County Sheriff's Office began September 5, 2014 and ran through November 14, 2014. There were 6 participants who attended.

The following requirements must be met in order to attend.

- 21 years of age
- A criminal background check
- A resident of King and Queen County
- Photo identification-valid driver's license or other photo identification.

During the session, classes will meet on Tuesday evenings from 6:30 p.m. to 10:00 p.m.

Topics covered include:

- History of the King and Queen County Sheriff's Office
- Terrorism and Homeland Security
- Forensics and Crime Scene Investigations
- Drug Investigations and Drug K-9
- Telemarketing Fraud Prevention
- Fire Arms Safety and Operation
- K-9 Demonstration, Tracking and Drug
- Traffic Law, Radar and Lidar Operations
- Personal Safety Training Crime Prevention
- Animal Control Issues and Operations
- Prosecution
- Court Services and Civil Process
- Domestic Violence

Following successful attendance, the participant will receive a certificate of completion from the Sheriff and Chief Deputy during a graduation ceremony.

How To Apply

Complete and sign the attached application and return it to
Chief Deputy W.R. Balderson
P.O. Box 38
King and Queen Courthouse, VA 23085

King and Queen County Sheriff's Office
Citizens Police Academy
APPLICATION

The information requested in this application will be used to determine the suitability of the applicant for enrollment into the King and Queen County Citizens Policy Academy. Due to the nature of the information and Law Enforcement techniques exposed during the ten-week academy, through screening of candidates is imperative. Please understand that during the course of the background investigation, the King and Queen County Sheriff's Office will check on the criminal history of all applicants.

Date	Last Name	First	Middle	(I prefer to be called?)
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Date of Birth	Social Security Number	Operator License Number
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Current Address	How Long?
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If you have moved in the last 10 years, list your former address:

Home Phone	Work Phone	Cell Phone	Email Address
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Occupation	Place of Employment
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Have you ever worked in any phase of Law Enforcement? If so, explain.

Do you have any impairment that may keep you from participation in the CPA? If so, explain.

Have you ever been arrested? If so, explain.

King and Queen County Sheriff's Office

WAIVER OF LIABILITY

I am aware that as a result of my participation in the King and Queen Citizens Police Academy that I may be exposed to hazardous situations inherent in police work. This includes, but not limited to vehicle operation, accidents, arrest situations, dangerous weapons, assaults, contact with abnormal persons, etc. I am requesting participation in the Citizens Police Academy with full knowledge that there is a potential for bodily injury, loss, or damage to my person or property.

Acknowledging these foreseeable dangers, I _____, do hereby release the King and Queen County Sheriff's Office and its employees or agents, from any and all liability for any injuries received while participating in the King and Queen County Citizens Police Academy.

I understand that I am responsible for my own medical coverage or any and all other insurance coverage or other losses of any nature.

Name of Applicant (Printed)

Applicant Signature

Date

Emergency Contact Information			
Last Name	First	Middle	(Relationship)
Address			
Home Phone	Work Phone	Cell Phone	Any Other

King and Queen County Sheriff's Office
AUTHORIZATION TO OBTAIN INFORMATION

I hereby authorize the King and Queen County Sheriff's Office to perform a background investigation in connection with my application for the Citizens Police Academy.

I hereby authorize the release of any information that the King and Queen County Sheriff's Office may request. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the King and Queen County Sheriff's Office in connection with my application and background is confidential and may not be disclosed to me.

Applicant's Signature _____

Date _____

Commonwealth of Virginia, County of _____
On this _____ day of _____, 20_____.

Applicant's Name Printed _____

Whose name is signed to the foregoing instrument, personally appeared before me and affixed the above signature and having been duly sworn by me, make oath the affirmation that the statements made in this instrument are true.

My Commission Expires _____

Notary Public _____

OFFICE USE ONLY	
Background INV. Run by _____	
Reviewed by CPA Director _____	
Approved: _____	Disapproved: _____
Ride-along date(s) _____	
