

# ROCKBRIDGE REGIONAL

## Citizen's Police Academy Application



**Complete and return to:  
Buena Vista Police Department  
c/o Cindy Harrison  
306 Park Avenue  
Buena Vista VA 24416  
(540) 261-6174  
pdinfo@bvcity.org**

**Citizen's Police Academy  
Rockbridge Regional  
(Buena Vista PD, Lexington PD, Rockbridge SO)**

### **Purpose:**

The Citizen Police Academy provides an opportunity for citizens to learn firsthand about police operations. Through a series of lectures, field trips, and simulated activities, citizens are provided training similar to that of an actual police officer. The Academy is of benefit to the community and the department because it builds relationships and creates a cadre of citizens who are better informed about the reality of police work. The Citizen Police Academy is offered twice a year: Fall session & Spring session.

***Due to the amount of resources it takes to offer a Citizen Police Academy class, there must be at least 15 citizens enrolled in order for the class to be offered. If there are not enough participants, the class will be moved to the next session.***

**Format:**

The academy runs for thirteen weeks with most classes held between **6:30 p.m. - 9:30 p.m.** on Monday nights.

**Location:**

Buena Vista Police Department, 306 Park Avenue, Buena Vista, VA 24416  
Some off-site visits are made to other relevant locations.

**Instruction:**

Instruction is provided by Police Department/ Sheriff's Office personnel. *This program is not an accredited certification course to become a sworn police officer.*

**Sample Curriculum:**

- Overview of Department Operations and Organization
- Introduction to Community Oriented Policing
- Patrol Functions - Traffic Control
- Firearms Operations
- Vice/Narcotics Operations
- Communications and the processing of calls for service

**Qualifications for participation:**

- Must be a minimum of 18 years of age.
- Must be either a Buena Vista, Lexington, Rockbridge County resident, business owner, employed in the city/county or connected to the city/county in some way
- Must pass a criminal history background check.

**PLEASE READ CAREFULLY BEFORE PROCEEDING:**

Due to the sensitivity and classified nature of the material that will be shared with you during the CPA, it is essential each police academy applicant complete this application thoroughly and truthfully. It is imperative to the security of our agency that each accepted applicant is of good moral and legal standing. This form must be typewritten or printed in ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach additional sheets to this form, and refer to the question answered. The information you provide in this application will remain confidential.

You are responsible for obtaining correct addresses, to include street address, state, and zip code.

Return the completed application to: **Buena Vista Police Department,**  
**Attention: Cindy Harrison, 306 Park Avenue, Buena Vista, VA 24416 or**  
**pdinfo@bvcity.org**

**Personal Data**

APPLICANT MUST BE 18 YEARS OF AGE TO APPLY. INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED. PLEASE PRINT OR TYPE.

**PERSONAL:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
(First) (Middle) (Last)

Present Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

Operator's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you a Buena Vista, Lexington, Rockbridge County resident? \_\_\_\_\_ How long? \_\_\_\_\_

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

Graduation Certificate Name: \_\_\_\_\_

**BACKGROUND**

***NOTE: A CONVICTION includes a guilty plea, payment of traffic or other fine without court appearance, or a court conviction of a criminal or traffic offense.***

***An ARREST constitutes being taken into police custody. This also includes a warrant(s) for your arrest.***

PLEASE EXPLAIN BRIEFLY WHY YOU WISH TO BE ENROLLED IN THE ROCKBRIDGE REGIONAL CITIZEN POLICE ACADEMY.

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***If the answer to ANY of the below-asked questions is YES, please explain in detail. Give date, place, charge, and final disposition in each case. Attach additional sheets if necessary.***

HAVE YOU EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A TRAFFIC VIOLATION? \_\_\_\_\_ IF YES, EXPLAIN IN DETAIL SHOWING DATE, CHARGE, PLACE AND ACTION TAKEN. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR A TRAFFIC OFFENSE (EXAMPLE: DUI, DRIVING UNDER SUSPENSION, DECLARATION OF HABITUAL OFFENDER, ETC.)? \_\_\_\_\_ IF YES, EXPLAIN IN DETAIL SHOWING DATE, CHARGE, PLACE AND ACTION TAKEN. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER ILLEGALLY POSSESSED ANY DRUG OR CONTROLLED SUBSTANCE THAT WAS NOT PRESCRIBED BY A MEDICAL PROFESSIONAL OR GIVEN TO YOU TO HOLD WHILE YOU WERE ACTING ON BEHALF OF, OR EMPLOYED TO DO SO, BY A LAW ENFORCEMENT AGENCY? **YES NO**

HAVE YOU EVER ILLEGALLY SOLD, GIVEN, OR DISTRIBUTED ANY DRUGS OR CONTROLLED SUBSTANCES? **YES NO**

HAVE YOU BEEN FIRED OR ASKED TO RESIGN FROM ANY JOB IN THE PAST FIVE YEARS? IF YES, EXPLAIN. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **EMPLOYMENT**

LIST INFORMATION ON THE LAST TWO JOBS YOU HAVE HELD (STATE RETIRED, UNEMPLOYED, HOUSEWIFE, ETC. IF APPLICABLE)

PRESENT EMPLOYER: \_\_\_\_\_ DATE HIRED: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ YOUR TITLE: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ DATE HIRED: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ YOUR TITLE: \_\_\_\_\_

**PERSONAL REFERENCES**

PLEASE LIST THE NAME, ADDRESS AND CONTACT INFORMATION FOR SOMEONE WE MAY REACH ON YOUR BEHALF IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Before signing this form, please ensure that all the information you have disclosed to the Buena Vista Police Department is accurate and truthful. ***If you are unsure of any questions, please make sure that you clarify it with a police department representative prior to signing this document.*** Any misrepresentation given by any applicant will result in the denial of the applicant's request to participate in the Rockbridge Regional Citizen Police Academy. We ask that you provide, without omission whatsoever, any and all information requested.

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

I, the above signed, certify that the information given is true and accurate to the best of my knowledge.

**Release of Information  
AUTHORIZATION**

I understand that the Buena Vista Police Department will be performing a criminal background and driving history check on me with reference to my application for the Citizen Police Academy.

I hereby authorize the Buena Vista Police Department to have access to any and all driving record information and criminal information as it pertains to me. I understand that the Buena Vista Police Department considers any such information confidential and will not be released to me.

I further authorize the release of any information that is required to clarify my criminal background investigation, be it from any of the following:

- Personal references or any person(s) having knowledge regarding my character or reputation;
- Any past or present employer (to include the U.S. Armed Forces, Maritime Service, Veteran Administration, or U.S. Selective Service);
- Any Judge, Court, or Magistrate;
- Any State, Local, or Federal Law Enforcement Agency;
- Any Attorney-at-Law or other legal entity handling any criminal or traffic-related case related to me;
- Any State, Local, City or County Agency

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain my original signature.

\_\_\_\_\_  
**Applicant Signature**

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