Charlottesville Police Department
Community Police Academy Application

REGISTRATION INFORMATION		
Name:		
Date of birth:	Phone Numbers: Home:	Cell:
Current address:		
City:	State:	ZIP Code:

E-mail Address:		
Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	How you learned about program?	

EMERGENCY CONTACT		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

Briefly explain why you are interested in attending the academy: