



Sheriff Michael L. Chapman

LOUDOUN COUNTY SHERIFF'S OFFICE

P.O. Box 7200, Leesburg, Virginia 20177-7200
803 Sycolin Road SE, Leesburg, Virginia 20175
Telephone 703-777-0407

CITIZEN'S POLICE ACADEMY APPLICATION

The Citizen's Police Academy is designed to give citizens an overview of the Loudoun County Sheriff's Office. Graduates of this program will have a better understanding of the operation of the Sheriff's Office and a greater awareness and appreciation of the daily challenges faced by the Loudoun County Sheriff's Office.

The Citizen's Police Academy is an 11-week program that meets one evening each week (Thursday) and consists of classroom and hands-on instructions.

Topics covered during the program will include virtually every aspect of police work. In addition, participants will be given the opportunity to become familiar with a variety of police equipment.

The Citizen's Police Academy is open to all individuals who reside in Loudoun County. Due to the popularity of this program, we ask that participants attend at least six (6) of the eleven (11) weeks.

Should you have any questions, please contact Jerie May Trejo by phone at 703-737-8238 or email Jerie.Trejo@loudoun.gov

AFTER COMPLETING THE APPLICATION AND CRIMINAL HISTORY CHECK FORM, YOU CAN:

MAIL THE PAPERWORK TO:
LOUDOUN COUNTY SHERIFF'S OFFICE
ATTN: CPA-ADMIN/TECH DIVISION
803 SYCOLIN ROAD
LEESBURG, VA 20175

OR E-MAIL THE FORM TO:
JERIE.TREJO@LOUDOUN.GOV
FAX:571-258-3534

After the academy graduation all forms provided as part of the application will be safely disposed.

CITIZEN'S POLICE ACADEMY APPLICATION

Contact Information:

Full Name	
Home Address	
City, ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Do you live in Loudoun County: YES NO

My Sheriff/Police District Station is (check one):

- | | |
|--|--|
| <input type="checkbox"/> Eastern Loudoun Station | <input type="checkbox"/> Town of Leesburg Police |
| <input type="checkbox"/> Dulles South Station | <input type="checkbox"/> Town of Purcellville Police |
| <input type="checkbox"/> University Station | <input type="checkbox"/> Town of Middleburg Police |
| <input type="checkbox"/> Western Loudoun Station | <input type="checkbox"/> Other |

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Previous Volunteer Experience (optional):

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Full Name	Home Phone
Home Address	Work Phone
City, Zip Code	E-Mail Address

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Citizen's Police Academy participant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this application form.



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AUTHORIZATION TO REQUEST CRIMINAL HISTORY CHECK

This is to certify that I am an applicant of the Citizen's Police Academy and that I do hereby authorize the Loudoun County Sheriff's Office to request a criminal history check. The results will not be made public and will be destroyed after a complete review.

Signature

Date

Full Name: (PRINT NAME)

Date of Birth: Social Security Number:

FAX TO: (571)-258-3534
EMAIL: Jerie.Trejo@loudoun.gov

Attn: Jerie May Trejo

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