

# Orange County Sheriff's Office

## Citizens Police Academy

The information requested in this application will be used to determine the suitability of the applicant for the enrollment into the Orange County Citizens Police Academy. Due to the nature of the information and law enforcement techniques participants will be exposed to during the seven week academy, thorough screening of candidates is imperative. Please understand that during the course of the background investigation, the Orange County Sheriff's Office will check the criminal history of all applicants

Session Number \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
                    First                      Middle                      Last                      Nickname

Address: \_\_\_\_\_  
                    Street                      City                      State                      Zip

Previous Address (If moved in past 10 years.)

\_\_\_\_\_   
                    Street                      City                      State                      Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Retired: Y / N  
(or previous occupation if retired)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number or Virginia I. D. Number: \_\_\_\_\_

Have you ever worked in any phase of law enforcement? If so explain:

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Have you ever been arrested? If so explain:

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\_\_\_\_\_  
Signature

## Orange County Sheriff's Office

### Waiver of Liability

I am aware that as a result of my participation in the Orange County Citizens' Police Academy that I may be exposed to hazardous situations inherent to Police Work. This includes, but is 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 the full knowledge that there is a potential for bodily injury, loss or damage to my person or property.

Acknowledge these foreseeable dangers, I \_\_\_\_\_, do hereby release the Orange County Sheriffs' Office and its employees or agents from any and all liability for any injuries received while participating in the Orange County Sheriff's Office 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.

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Name of Applicant (Print)

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Applicants Signature

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Date

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Signature of CPA Director

**Orange County Sheriff's Office**

**Authority to Obtain Information**

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

I hereby authorize the release of any information that the Orange 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 Orange County Sheriff's Office in connection with my application and background is confidential and may be disclosed to me.

\_\_\_\_\_  
Applicants Signature Date

Commonwealth of Virginia, County of Orange

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Applicant's name (printed)

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

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

## EMERGENCY CONTACT INFORMATION

In case of emergency contact:

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### *Shirt Size*

Please check the shirt size you will need:

S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL \_\_\_