



## FAIRFAX COUNTY POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION FORM

The Citizen Police Academy is designed to give citizens an overview of the Fairfax County Police Department. Graduates of this course will have a better understanding of the operation of the Police Department, and a greater awareness and appreciation of the daily challenges faced by the Fairfax County Police.

The Citizen Police Academy is a 10-week program that meets one evening each week (Thursday) and consists of classroom and hands-on instruction.

Topics covered during the academy will include virtually every aspect of police work including:

- Patrol
- Criminal Investigations
- Gangs
- Crime Scene
- Internal Affairs
- Special Operations

In addition, participants will be given the opportunity to become familiar with a variety of police equipment.

The Citizens Police Academy is open to all individuals who live or work in Fairfax County. Due to the popularity of this class, we ask that participants attend at least eight (8) of the ten (10) weeks.

Should you have any questions, please contact us by phone at (703) 280-0713 or by email at [CPA@fairfaxcounty.gov](mailto:CPA@fairfaxcounty.gov).

**AFTER COMPLETING AND SIGNING THE APPLICATION, YOU CAN MAIL THE FORM TO:**

Fairfax County Police Department  
Citizens Police Academy  
c/o APO-VIPS Coordinator  
3911 Woodburn Rd.  
Annandale, VA 22003

**You can also email the application form to:**

[CPA@FairfaxCounty.gov](mailto:CPA@FairfaxCounty.gov)



**FAIRFAX COUNTY POLICE DEPARTMENT  
CITIZENS POLICE ACADEMY APPLICATION FORM**

DATE OF APPLICATION: \_\_\_\_\_

NAME (LAST/FIRST/MIDDLE): \_\_\_\_\_

DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

(Note: Race is required for background check. Failure to include may result in delays in processing your application.)

Please check one :     I     live                      work in Fairfax County. My district / station is:

Fair Oaks

Franconia

Mason

McLean

Mt. Vernon

Reston

Sully

West Springfield

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**HOME**

STREET: \_\_\_\_\_

CITY, STATE, AND ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

DAY PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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**WORK**

OCCUPATION: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PHONE #: \_\_\_\_\_



## FAIRFAX COUNTY POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION FORM

STREET: \_\_\_\_\_

CITY, STATE, AND ZIP CODE: \_\_\_\_\_

### CONTACT PERSON FROM EMPLOYMENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

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Please list other community involvement:

Have you ever been arrested for any violation other than traffic? Yes: No:  
(If yes to above, state offense and describe circumstances):

How did you hear about the program?

Reason for attending Citizen Police Academy:

I hereby authorize the Fairfax County Police Department to examine the records available to the Fairfax County Police Department for the purpose of evaluating my application.

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**Applicant's Signature**

(If emailing application, please type your name in the space above. Your typed name will be considered your signature on this application.)