

FREDERICK COUNTY SHERIFF'S OFFICE CITIZENS POLICE ACADEMY APPLICATION FORM

LEGAL NAME (LAST/FIRST/MIDDLE): _____

STREET ADDRESS: _____

CITY, STATE, AND ZIP CODE: _____

PHONE #: _____ **E-MAIL:** _____

DATE OF BIRTH (mm/dd/yyyy): _____ **GENDER:** ☐ male ☐ female

DRIVERS LICENSE #: _____ **STATE** _____

EMPLOYER: _____

CITY AND STATE: _____

Have you ever been charged or arrested for any criminal offense in your lifetime?

☐ Yes ☐ No (If yes, state offense and describe circumstances): _____

Why do you wish to attend the citizen's academy? _____

I hereby authorize the Frederick County Sheriff's Office to examine the records available to the Frederick County Sheriff's Office for the purpose of evaluating my application.

Date: _____

Applicant's Signature

MAIL THE FORM TO:

**Captain Aleck Beeman
1080 Coverstone Drive
Winchester, VA 22602**

OR E-MAIL THE FORM TO:

abeeman@fcva.us