



**Peterburg Bureau of Police
Citizen's Academy Application**



Name: _____ D.O.B.: _____
First M. I. Last:

Address: _____ Telephone Number: _____

Email: _____ Emergency Contact: _____

Preferred method of contact: Work _____ / Residence _____

Employer: _____ Title: _____

Address: _____ Telephone: _____

Driver's License: _____ Social Security: _____

Do you agree to submit a background check and screening: Yes _____ / No _____

Do you have a Criminal History? If so, please list charges:

Are you willing to volunteer for the Petersburg Bureau of Police after graduating from the Citizen's Academy, Yes _____ / No _____

Please provide current/previous volunteerism experiences via structured programs:

1. Agency _____ Role _____ Dates: _____

2. Agency _____ Role _____ Dates: _____

Please share previous assignments: current status/reasons for discontinuation

1. _____ 2. _____

3. _____ 4. _____

If selected to be a Chaplain, I _____ will participate and attend 75% of the sessions. As well as vow to confidentiality, concerning the transmission of information learned outside of the presentations as an academy participant.

Signature

Date

Please submit your completed and signed application to kwaldron@petersburg-va.org