



FAIRFAX COUNTY POLICE DEPARTMENT

Community Police Academy

Application Instructions

The Community Police Academy is designed to give the community 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 Community Police Academy is a 10-week program that meets one evening each week (Thursday) for nine weeks and consists of classroom and hands-on instruction. The final class is held on a Saturday morning and includes hands-on activities and the presentation of a Certificate of Achievement.

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

- Patrol
- Criminal Investigations
- Use of Force
- Crime Scene
- Internal Affairs
- Special Operations

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

The Community Police Academy is open to all individuals who live or work in Fairfax County and are at least 18 years of age. 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 e-mail at CPA@fairfaxcounty.gov.

AFTER COMPLETING AND SIGNING THE APPLICATION, YOU CAN

MAIL THE FORM TO:

Fairfax County Police Department
Community Police Academy
Office of the Chief / Community Engagement
And Equity
12099 Government Center Parkway
Fairfax, VA 22035

OR E-MAIL THE FORM TO:

CPA@FairfaxCounty.gov



Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For information, call Fairfax County Police Department at (703) 691-2131 or TTY (703) 204-2264.



**A Fairfax County,
Va., publication**



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

LEGAL NAME (LAST/FIRST/MIDDLE): _____

PREFERRED NAME ON CLASS DOCUMENTS: _____

STREET ADDRESS: _____

CITY, STATE, AND ZIP CODE: _____

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

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

DRIVERS LICENSE #: _____ **STATE** _____

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

I live work in Fairfax County (check all that apply)

My police district station is (check one):

Fair Oaks Franconia Mason McLean Mt. Vernon Reston Sully West Springfield

JOB TITLE: _____

EMPLOYER: _____

CITY AND STATE: _____

Have you ever been charged, detained, or arrested for any criminal offense in your lifetime? Yes No (If yes, state offense and describe circumstances):

How did you hear about the program?

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.

Date: _____

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.)