

**Application for the Norfolk Police Department
Citizen's Police Academy
Fall Session # 29
September 2, 2010 ~ November 18, 2010**

Name: _____

Address: _____

City: _____

State: _____ Phone: _____ E-Mail: _____

Zip Code: _____

Place of Employment: _____

Address: _____

Date of Birth: _____

Is Your Driver's License Currently Valid? _____

Have You Ever Been Convicted of a Felony? _____

I certify that all statements made on this application are true. I further authorize the Norfolk Police Department to conduct a criminal history check based upon the information provided on this form.

Signed:

Date:

Mail application to:

**Norfolk Police Department Citizen's Police Academy
2500 North Military Hwy
Norfolk, Va. 23502**

Contacts: Officer M. Warren
or Officer M. Sarmiento

Email: miles.warren@norfolk.gov
or mcdel.sarmiento@norfolk.gov

**Phone: 757.664.6921
Fax: 757.664.6911**