

**Application for the Norfolk Police Department
Citizen's Academy
Spring Session #28
April 1, 2010 – June 17, 2010**

Name:

Address:

City:

State:

Phone:

Zip Code:

Email:

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 Academy
Attention: Officers M.L. Warren or M.O. Sarmiento
2500 N. Military Hwy
Norfolk, Va. 23502**

Fax: 664-6911