



APPLICATION
GLOUCESTER SHERIFF'S OFFICE
"CITIZENS ACADEMY"
Sept 19, 2017 until Oct 12, 2017
D.W. WARREN, JR., SHERIFF



Applicants must be 21 years old to apply and live or work in Gloucester County. Incomplete and/or unsigned applications will not be considered. Please PRINT or TYPE.

NAME: _____ **DATE OF BIRTH:** _____ **SEX:** _____
First MI Last

ADDRESS: _____
Number Street Apt. City State Zip

HOME PHONE: _____ **WORK PHONE:** _____

EMAIL ADDRESS: _____ **CELL PHONE:** _____

Drivers License # _____ **Social Security#** _____

Employer: _____ **Occupation:** _____

Employers Address: _____
Number Street City State Zip

Have you been arrested for any offense other than traffic? Yes No

If yes, what for? _____ **When?** _____

Where? _____ **What was the outcome of this case?** _____

What do you expect to gain from attending this program? _____

Will you be able to attend all nine (9) sessions? Yes No

Please circle your shirt size: Female Male S M L XL 2XL 3XL

I hereby certify that the information contained in the application is true and correct to the best of my knowledge. The Sheriff's Office is hereby authorized to conduct an investigation of my criminal and driving history as deemed necessary for consideration to attend the Citizens Academy.

 Signature of Application Date

Completed applications can be dropped of at the Sheriff's Office or mailed to GCSO, 7502 Justice Drive Gloucester, VA 23061.

For Sheriff's Office Use Only

VCIN/NCIC _____ Approved _____
 Local _____ Dispproved _____

Notes: _____ Class Assigned: _____