



HANOVER COUNTY SHERIFF'S OFFICE

SENIOR CITIZENS POLICE ACADEMY

APPLICATION PACKET

Colonel David R. Hines, Sheriff

Hanover County Sheriff's Office
P. O. Box 40
Hanover, Virginia 23069

HANOVER COUNTY SHERIFF'S OFFICE

APPLICATION

HANOVER SENIOR CITIZENS POLICE ACADEMY

The information requested in this application will be used to determine the suitability of the applicant for enrollment into the Hanover Senior Citizens Police Academy. Due to the nature of the information and law enforcement techniques exposed during the ten-week academy, thorough screening of candidates is imperative. Please understand that during the course of the background investigation, the Hanover County Sheriff's Office will check on the criminal history of all applicants.

Date Last Name First Middle (I prefer to be called)

Date of Birth Social Security Number Operator License Number

Place of Birth

Current Address How long?

If you have moved in the last 10 years, list your former address:

Home Phone/Work Phone/Cell Phone E-mail Address

Occupation Place of Employment

Have you ever worked in any phase of law enforcement? If so, explain.

Do you have any impairment that may keep you from participating in the SCPA? If so, explain.

Have you ever been arrested? If so, explain.

HANOVER COUNTY SHERIFF'S OFFICE

WAIVER OF LIABILITY

I am aware that as a result of my participation in the Hanover Senior Citizens Police Academy that I may be exposed to hazardous situations inherent in police work. This includes, but is not limited to: vehicle operation, accidents, arrest situations, dangerous weapons, assaults, contact with abnormal persons, etc. I am requesting participation in the Citizens Police Academy with full knowledge that there is a potential for bodily injury, loss, or damage to my person or property.

Acknowledging these foreseeable dangers, I, _____, do hereby release the Hanover County Sheriff's Office and its employees or agents, from any and all liability for any injuries received while participating in the Hanover Senior Citizens Police Academy.

I understand that I am responsible for my own medical coverage or any and all other insurance coverage or other losses of any nature.

Name of Applicant (Printed)

Applicant's Signature

Date

Emergency Contact Information			
_____ Last Name	_____ First	_____ Middle	_____ Relationship
_____ Address			
_____ Home Phone	_____ Work Phone	_____ Cell Phone	

HANOVER COUNTY SHERIFF'S OFFICE
AUTHORIZATION TO OBTAIN INFORMATION

I hereby authorize the Hanover County Sheriff's Office to perform a background investigation in connection with my application for the Senior Citizens Police Academy.

I hereby authorize the release of any information that the Hanover County Sheriff's Office may request. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the Hanover County Sheriff's Office in connection with my application and background is confidential and may not be disclosed to me.

Applicant's Signature

Date

Commonwealth of Virginia, County of Hanover County

On this _____ day of _____, 20____

Applicant's name printed

Whose name is signed to the foregoing instrument, personally appeared before me and affixed the above signature and having been duly sworn by me, make oath and affirmation that the statements made in this instrument are true.

My Commission Expires _____

Notary Public

Office Use Only	
Intelligence pkg. run by:	_____
Reviewed by SCPA director:	_____
Approved: _____	Disapproved: _____