



Citizen Police Academy Application

The Citizen Observer Program is designed to allow citizens to gain a realistic view of the law enforcement operations of the Radford City Police Department. It is our hope that the insight gained by participating in this program will be both informative and enjoyable. The following information is required to begin the application process. Fill out both sides of this form.

Last Name			First Name			Middle Name			Social Security Number					
Local Address (Numeric and Street Name)						City			State		Zip			
Permanent Address (Numeric and Street Name)						City			State		Zip			
Date of Birth			Driver's License #			State of Issue		Race		Sex				
Height		Weight		Hair Color		Eye Color		Cell Phone Number			Home Phone Number		Work Phone Number	
Employer						Employer Address (Numeric, Street, City, State, Zip)								
If Student, Name of School Attending						Emergency Contact Name				Relationship				
Emergency Contact Address						Emergency Contact Home Phone			Emergency Contact Cell Phone			Emergency Contact Work Phone		
Do you have any medical conditions or allergies that may affect your ability to participate in this program? (If yes, then explain)														
<input type="checkbox"/> Yes <input type="checkbox"/> No														

Instructions to Applicant

- Representatives normally include members of a business or civic group, applicants for the position of police officer with the department, or are sponsored by a Radford Police Officer.
- Applicants should be eighteen years (18) of age or older. If applicant is under 18 years of age, permission is necessary from legal guardian.
- No participation in a similar program within the past six months.
- Participants are required to dress in proper attire. Jeans and t-shirts are not permitted, except with approval from the coordinator for certain training classes.
- Follow all instructions by the instructor during the program. No interference with the performance of the instructor shall be permitted.
- The Citizen Observer Program shall be conducted at times that are convenient to the operations of the Police Department.
- The program may be terminated at any time during participation by the coordinator.
- Participants are required to conduct themselves in a mature, professional manner at all times.
- The Citizen Observer shall not be armed.
- Participants who are asked to identify themselves while riding should explain that they are a citizen observer.



RADFORD CITY POLICE
 20 Robertson Street Radford, VA 24141
 540-731-3624 – www.radford.va.us/police

Patrol Operations Bureau
 Phone – (540) 731-3624
 Fax – (540) 731-3620

Criminal Investigations Bureau
 Phone –(540) 731-3627
 Fax – (540) 639-0104



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I certify that I understand the requirements and responsibilities of participants in this program and that I am aware of the potential risk involved with accompanying an officer during the performance of his/her duties. In consideration of the Radford City Police granting permission to enter in or upon any premises or vehicles which are under its actual care of constructive or passive control, I hereby waive all claims to damage or loss to my person or property which may be caused by any act, or failure to act, of the Radford City Police, it's officers, agents or employees. I assume the risk of all dangerous conditions in, upon, or about the premises or vehicles and waive any and all notice of existence of such conditions.

I do hereby authorize a review by, and full disclosure to the Radford City Police of all records, or any part thereof, concerning myself, whether said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial and credit institutions, including medical records and psychiatric consultation and/or treatment including those of hospitals, clinics, private practitioners, the U.S. Veterans Administration, Social Security Administration, and military medical and psychiatric facilities, public utility companies, employment and pre-employment records, including background investigation reports, medical reports, efficiency and performance ratings, complaints or grievances filed by or against me, and salary records, and other financial statements and records of any nature whatever, and wherever filed, records of complaints, arrests, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records, and further to include all such records whether "adult" or "juvenile".

Applicant Signature: _____ Date: _____

Applicant's Legal Guardian: _____ Date: _____

Applicant Interviewed By: _____ Date: _____

Applicant Approved By: _____ Date: _____

Assigned Officer: _____ Date: _____