



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.

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

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Date of Birth                      Social Security Number                      Operator License Number

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Place of Birth

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Current Address                      How long?

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

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

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Occupation                      Place of Employment

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

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

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Have you ever been arrested? If so, explain.

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**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 Senior 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	

