The Community Police Academy is designed to give the community an overview of the Fairfax County Police Department. Graduates of this course will have a better understanding of the operation of the Police Department and a greater awareness and appreciation of the daily challenges faced by the Fairfax County Police.

The Community Police Academy is a 10-week program that meets one evening each week (Thursday) and consists of classroom and hands-on instruction.

Topics covered during the academy will include virtually every aspect of police work including:

- Patrol
- Criminal Investigations
- Use of Force
- Crime Scene
- Internal Affairs
- Special Operations

In addition, participants will be given the opportunity to become familiar with a variety of police equipment.

The Community Police Academy is open to all individuals who live or work in Fairfax County. Due to the popularity of this class, we ask that participants attend at least eight (8) of the ten (10) weeks.

Should you have any questions, please contact us by phone at (703) 246-4315 or by e-mail at CPA@fairfaxcounty.gov.

AFTER COMPLETING AND SIGNING THE APPLICATION, YOU CAN

MAIL THE FORM TO:  OR E-MAIL THE FORM TO:

Fairfax County Police Department  CPA@FairfaxCounty.gov
Community Police Academy
Office of the Chief / PRB
12099 Government Center Parkway
Fairfax, VA 22035

Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For information, call Fairfax County Police Department at (703) 691-2131 or TTY (703) 204-2264.
LEGAL NAME (LAST/FIRST/MIDDLE): ________________________________

PREFERRED NAME ON CLASS DOCUMENTS: ________________________________

STREET ADDRESS: _______________________________________________________

CITY, STATE, AND ZIP CODE: _____________________________________________

PHONE #: ___________________________ E-MAIL: _______________________________

DATE OF BIRTH (mm/dd/yyyy): __________________ GENDER: □ male □ female

DRIVERS LICENSE #: __________________________ STATE _______________________

RACE: ____________________________________________________ (Note: Race is required for background check. Failure to include may result in delays in processing your application.)

☐ live    ☐ work in Fairfax County (check all that apply)

My police district station is (check one):
☐Fair Oaks ☐Franconia ☐Mason ☐McLean ☐Mt. Vernon ☐Reston ☐Sully ☐West Springfield

JOB TITLE: ________________________________

EMPLOYER: ________________________________

CITY AND STATE: ________________________________

Have you ever been charged, detained, or arrested for any criminal offense in your lifetime?  ☐Yes  ☐No  (If yes, state offense and describe circumstances):

How did you hear about the program?

I hereby authorize the Fairfax County Police Department to examine the records available to the Fairfax County Police Department for the purpose of evaluating my application.

_________________________________________ Date: ______________

Applicant’s Signature

(If emailing application, please type your name in the space above. Your typed name will be considered your signature on this application.)