



FLUVANNA COUNTY SHERIFF'S OFFICE

CITIZEN LAW ENFORCEMENT ACADEMY PROGRAM

Thank you for your interest in the Fluvanna County Sheriff's Law Enforcement Academy Program. The academy allows participants to experience conditions similar to the training officers receive and exposes the participants to daily operational duties of Sheriff Deputies. It offers insights into how Deputies perform their duties and how the Sheriff's Office serves the community. The academy is taught by officers, supervisors, and civilian instructors with particular knowledge and expertise in their subjects. The goal of the academy is to foster better communication between Fluvanna County citizens and the Sheriff's office through education. There is no fee for attending the academy, nor are the instructors reimbursed.

MISSION STATEMENT

- To provide effective and efficient law enforcement
- To serve and protect citizens and visitors of Fluvanna County
- To keep the community of Fluvanna County safe

READ CAREFULLY

Enclosed you will find an application, background packet, and a medical information form. It is a normal part of the Sheriff's Office procedure to perform checks (records and reference) on the suitability of new volunteers. Included in the background packet is an in-processing form, two reference check forms that require your signature. You do not need to send these out: we will take care of that. ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ACCURATELY. If a question does not apply enter N/A in the space provided. Falsification or failure to include information as directed will be considered grounds for non-acceptance or termination if already a member. Questions requiring additional information may be placed on the back of the form. A letter of recommendation from a professional, friend, neighbor, or an associate will aid in your acceptance into the Citizen Law Enforcement Academy Program.

PROGRAM REQUIREMENTS

1. Be at least 21 years of age
2. MUST pass a background investigation
3. MUST be able to attend all training sessions. The academy is 2.5 hours a day 1 day a week for 10 weeks. Missing more than one class the student may be removed from the class at the discretion of the coordinator.
4. Must be willing and able to participate in special police training, community service events, and some social events.
5. Applicants will be notified upon acceptance into the Academy.

All interested persons should contact 589-8211, email: dkarr@fluvannasheriff.com or mail applications to

Fluvanna County Sheriff's Office
Citizens Law Enforcement Academy
ATTN: Duane Karr
P. O. Box 113
Palmyra, Virginia 22963

KEEP THESE PAGES FOR YOUR OWN RECORDS

TRAINING REQUIREMENTS

Be at least 21 years old

Have no criminal history other than minor traffic violations

Be physically able to meet training requirements

Commit to attend 10 weekly training sessions lasting 2-2.5 hours

Sign any required waivers or agreements

OVERVIEW OF COURSE

WEEK ONE 10/ 23 Instructors

Welcome D. D. Karr

Academy overview

Department Organization

Introduction of staff

Tour

WEEK TWO 10/ 30 Instructors

Support Division

School Resource Officer

Accreditation/Chaplains program

Recruitment and selection process

Basic Training

WEEK THREE 11/ 6

Criminal Investigations/Crime Scene

Special Investigations

Drug Enforcement

Ethics

WEEK FOUR 11/ 13

Report Writing

Complaint Process

DUI/DRE Enforcement

WEEK FIVE 11/ 20

Patrol Division

Observation of police vehicle

Motorcycle / Command Vehicle

WEEK SIX 11/ 27

Judicial Affairs/Civil

Spanish

Communications

WEEK SEVEN 12/ 4

Simulated Vehicle Stops

Emergency Vehicle Operations

K-9 Demonstrations

WEEK EIGHT 12/ 11

CLASS WILL BE HELD AT THE RANGE

Use of Force Continuum

Gun Safety & Handling

Taser/Firearms

WEEK NINE 12/ 18

Terrorism

SWAT/Negotiator

Graduation

FLUVANNA COUNTY SHERIFF'S OFFICE
CITIZEN LAW ENFORCEMENT ACADEMY

APPLICATION

Date of Application _____

NAME _____ Date of Birth _____ Age _____

(last) (first) (middle)

ADDRESS _____

(number) (street) (city) (state) (zip code)

HOME Phone _____ WORK Phone _____ Other _____

Sex _____ Race _____ Place of birth _____

HT _____ WT _____ HAIR _____ EYES _____ SSN _____

Please state how you found out about the program _____

EDUCATION INFORMATION

High School _____ Graduation Year _____

GPA _____

(Current or last attended)

Counselor _____ Phone Number _____

EMPLOYMENT INFORMATION

Employer _____ Phone Number _____

(List business name and current supervisor)

Address _____

(Number) (Street) (City) (State) (Zip code)

LIST TWO PERSONAL REFERENCES: Other than relatives & State your relationship to them.

1. Name _____ Phone _____

Address _____ Relationship _____

2. Name _____ Phone _____

Address _____ Relationship _____

FCSO CITIZEN LAW ENFORCEMENT ACADEMY

BACKGROUND INFORMATION

PERSONAL INFORMATION

Name of Applicant

Do you possess a valid operators license? _____ Expiration Date _____

State _____ Number _____ Type _____

Has your license ever been suspended/revoked? _____ If yes, give date _____

Reason

Do you own a Vehicle? _____ Year _____ Make _____ Model _____

Vehicle license number _____

List ALL traffic Tickets you have received (Use back of page if necessary)

MONTH/YEAR	CHARGE	LOCATION	DISPOSITION
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been involved in a traffic crash as a driver? _____

If yes give all dates and locations

BACKGROUND INFORMATION

Continued

Have you ever been convicted of a crime or accepted a plea bargain? _____

If yes please complete the following, juvenile as well as adult records. List any additional information on the back of the page.

OFFENSE	CITY	DATE	DISPOSITION
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GENERAL INFORMATION

Why do you want to participate in the Citizen Law Enforcement Academy?

If accepted for this program what will be your goals?

BACKGROUND INFORMATION

Continued

Are you willing and able to participate in monthly community service projects?

List any community service organizations, social, school or other groups that you are now a part of or have been a member of.

List any courses or training you have taken that you feel would have an effect on the Citizen Law Enforcement Academy.

The information in this packet is accurate to the best of my knowledge.

Applicant's Signature

ID CARD REQUESTED

ID # _____ JOB TITLE CITIZEN LAW ENFORCEMENT
ACADEMY

APPROVED BY _____ DATE _____

RECORDS AND ID SECTION USE ONLY

If yes in any category, attach copy of wants/warrants and history

	WANTS/ WARRANTS	CRIMINAL HISTORY CHECK
LOCAL	YES/NO	FOR CRIMINAL
NCIC/CCIC	YES/NO	NCIC/CCIC CRIMINAL HISTORY YES/NO
CJIS/CRIMINAL RECORD	YES/NO	
CJIS/TRAFFIC RECORD	YES/NO	
COLO TRAFFIC RECORD	YES/NO	

FINGERPRINTED DATE _____ BY _____

FINGERPRINTED FOR OSN YES/NO DATE _____

CITIZEN LAW ENFORCEMENT ACADEMY

HEALTH HISTORY INFORMATION

This information is optional but will assist the program in insuring the safety of all involved.

Refused to provide information _____

Applicant's signature

Are you allergic to any medications? _____ If yes list and explain

Do you have any illness or condition that may prevent you from taking part in academy activities _____ If yes list and explain:

Are you taking any medications on a regular basis _____ If yes please list medication and dosage

Do you wear glasses/contact lenses _____ Vision without correction _____

Do you have any hearing impairments _____ If yes explain _____

Have you ever been diagnosed with a mental or nervous disorder ____ If yes explain

HEALTH HISTORY INFORMATION

CONTINUED

Do you have or have you ever had the following:

___ Asthma

___ Diabetes

___ Fainting Spells

___ Heart Trouble

___ Convulsions

___ Bleeding Disorders

___ Ant conditions that may require special care, medication, or diet

If yes to any of the above explain:

Any restriction of activity for medical reasons?

POLO SHIRT SIZE SM MED LARGE X-LARGE XX-LARGE

THANK YOU FOR YOUR APPLICATION

FLUVANNA COUNTY SHERIFF'S OFFICE

WAIVER OF LIABILITY

I am aware that as a result of my participation in the Fluvanna County Sheriff's Office Citizen Law Enforcement Academy that I may be exposed to hazardous situations inherent to police work. This includes, but is not limited to: vehicle operations, accidents, arrest situations, dangerous weapons, assaults, contact with abnormal persons, etc. I am requesting participation in the Citizen Law Enforcement 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 Fluvanna County Sheriff's Office and its employees or agents from any and all liability for any injuries received while participating in the Citizens Law Enforcement Academy.

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

NAME OF APPLICANT (PRINTED)

APPLICANT'S SIGNATURE

DATE

SIGNATURE OF CLEA DIRECTOR

EMERGENCY CONTACT INFORMATION
IN CASE OF EMERGENCY CONTACT:

NAME

ADDRESS

TELEPHONE

NAME

ADDRESS

TELEPHONE

NAME

ADDRESS

TELEPHONE
