

**FREDERICK COUNTY SHERIFF'S OFFICE CITIZENS POLICE  
ACADEMY APPLICATION FORM**

LEGAL NAME (LAST/FIRST/MIDDLE): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_ GENDER:  male  female

DRIVERS LICENSE #: \_\_\_\_\_ STATE \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_

**Have you ever been charged or arrested for any criminal offense in your lifetime?**

Yes  No (If yes, state offense and describe circumstances): \_\_\_\_\_

---

---

**Why do you wish to attend the citizen's academy?** \_\_\_\_\_

---

---

**I hereby authorize the Frederick County Sheriff's Office to examine the records available to the Frederick County Sheriff's Office for the purpose of evaluating my application.**

**Date:** \_\_\_\_\_

Applicant's Signature

---

**MAIL THE FORM TO:**

**Captain Aleck Beeman  
1080 Coverstone Drive  
Winchester, VA 22602**

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

[abeeman@fcva.us](mailto:abeeman@fcva.us)