



CITY OF HARRISONBURG  
**POLICE**  
 DEPARTMENT

## 2024 Community Police Academy Application

The purpose of the Community Police Academy is to give you insight into the daily operations of the Harrisonburg Police Department and to better understand the role law enforcement plays in developing safe communities. Attendees will not become certified law enforcement officers, but strong relationships will be formed which are important to cultivate and maintain healthy relationships between the police and their community.

### Dates, Times, and Location

Applications are due by February 9, 2024.

Academy start date is March 12, 2024, with an end date of May 14, 2024.

Classes will be held once a week, every Tuesday evening from 6:00PM to 9:00PM. Meeting location will be the Public Safety Building, 101 North Main Street.

### Contact Information

Sgt. J.R. Hancock

Email: [john.hancock@harrisonburgva.gov](mailto:john.hancock@harrisonburgva.gov)

Office: (540) 437-2645 Work cell: (540) 282-2909

MPO J.A. Denny

[john.denny@harrisonburgva.gov](mailto:john.denny@harrisonburgva.gov)

Phone: (540) 437-2600

### Applicant Requirements

Must be at least 18 years of age.

Be a resident, work, or go to school in the City of Harrisonburg.

Attendance must be at a minimum of **75%** of the classes.

A criminal background check will be conducted, and applicants may be disqualified.

### Directions

Complete the following five pages in their entirety, and please print legibly.

Incomplete or unsigned applications will not be considered.

Return by **mail, email or in person** to the lobby of the Public Safety Building.

<p><b>Mailing Address:</b>          Harrisonburg Police Department          Attn: Sgt. J.R. Hancock - CPA          101 N. Main St          Harrisonburg, VA 22802</p>	<p><b>Email in .pdf file format:</b>  <a href="mailto:john.hancock@harrisonburgva.gov">john.hancock@harrisonburgva.gov</a>  <a href="mailto:john.denny@harrisonburgva.gov">john.denny@harrisonburgva.gov</a></p> <p><b>In Person:</b> Public Safety Building Lobby          101 N. Main St, Harrisonburg VA</p>
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**Thank you for applying. We are excited to meet you and share our profession with you! We will contact you once we have finished going through all applications to let you know if you will be able to attend this year's Community Police Academy.**

**\*\*Applications in other languages are available upon request! \*\***

## Community Police Academy Application

**Read the following statement and sign below:**

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing application. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Harrisonburg Police Department's Community Police Academy. I further understand that the Harrisonburg Police Department will be conducting a thorough background investigation that may include, but is not limited to, any criminal history, employment history, and personal/public references. I give permission to the Harrisonburg Police Department to obtain my fingerprints voluntarily to be submitted to the Virginia State Police as part of the background check and ability to participate in a ride-along with a patrol officer.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_\_\_ Which state? \_\_\_\_\_

Are you a resident of the City of Harrisonburg? \_\_\_\_\_ How Long? \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Areas of Study: \_\_\_\_\_

Do you have any medical conditions that might affect your ability to participate?

Circle One: Yes or No If yes, please explain:

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Have you ever been **charged, arrested, or convicted** of any criminal or traffic offenses anywhere in the United States during your lifetime.

Circle One: Yes or No

If yes, please explain including dates, charges, location(s), and the disposition of the court:

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List two personal references that are not related to you:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List two previous employers:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

In the space below give a brief explanation of why you wish to attend the HPD Community Police Academy:

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**Please answer the following questions:**

1. Can you make the commitment to attend all classes for the Community Police Academy? (Minimum class attendance is 75% for graduation)

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2. What is the extent of your community involvement?

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3. Have you had any contact with the Harrisonburg Police Department?  
If so, please describe below:

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4. What do you specifically expect to learn from this experience?

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5. List any clubs, groups, or organizations that you are associated with.

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6. Please write your name, as you would like it to appear on your graduation certificate if you are selected for this academy.

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7. Please write your name, as you would like it to appear on your nametag for class if you are selected for this academy.

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**Harrisonburg Police Department  
Community Police Academy  
Release and Waiver**

Know all people by these present, that I, \_\_\_\_\_, on my own behalf and on behalf of my heirs, next of kin, executors, administrators, estate agents and assigns, and representatives of any nature whatsoever, for and in consideration of the authorization and permission to accompany officers or any officer of the Harrisonburg Police Department during the course of their duties, which has been granted to me at my voluntary request, after having been fully advised of the potential hazards of such activity or activities, do hereby WAIVE AND RELEASE all demands, damages, actions, causes of action, suits and claims of any nature whatsoever, whether in law or in equity, that I or my heirs, next of kin, executors, administrators, estate, agents, and assigns, and representatives of any nature whatsoever might otherwise have against the city, the police department, and each and every officer, official, member, employee, agent and attorney thereof and therefore, and his or her heirs, next of kin, executors, administrators, and estate, on account of my death or injuries, both to person and to property, whether foreseeable for not, which may occur, directly or indirectly, or develop at anytime in the future as a result of my activities or association with the police department, whether in a police vehicle, in the police station, or otherwise associated with the police department and officers and officials thereof in any manner whatsoever.

It is expressly agreed and understood that this WAIVER AND RELEASE shall apply for the express purpose of precluding forever all claims, suits, demands, damages, and causes of action that I or my heirs, next of kin, executors, administrators, estate, agents, and assigns and representatives of any nature whatsoever might otherwise assert against any of the aforesaid parties as a result of my association and activities with the police department during training with the Community Police Academy.

I hereby declare that the terms of this WAIVER AND RELEASE have been fully read and understood by me, and freely and voluntarily entered into and accepted by me, and I hereby acknowledge receipt of a copy of this agreement.

In further consideration of the aforesaid authorization and permission granted to me to accompany an officer or officers of the police department at my own request, I hereby promise and agree to fully comply with all instructions given to me for the purpose of protecting my personal safety and that of my property.

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Signature

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Date

**HARRISONBURG POLICE DEPARTMENT**  
**Community Police Academy**  
**RULES AND INSTRUCTIONS**

1. Participants in the Community Police Academy must be at least 18 years of age.
2. The Community Police Academy attendees shall not interfere with the routine operations of the police department.
3. Participants are expected to dress in proper attire. Casual dress is permissible; however, shorts, tee shirts and frayed jeans are not acceptable.
4. Participants are expected to attend 75% of all classes. This is a requirement to successfully complete the Academy.
5. Participants are required to complete a 6-hour ride-along during the Academy in addition to the regularly scheduled classes.
6. During participation in the classroom and operational activities, participants must follow all instructions given by the host police personnel.
7. No smoking/vaping or use of any tobacco products will be allowed within the police department building, or while riding in police vehicles.
8. Participants will follow all instructions of Police Firearms Instructors when participating in firing range activities.
9. During the Academy, certain classes will require your physical participation (i.e. firearms training, scenario role playing, etc.) If, for any reason, you cannot participate or desire not to participate, do not hesitate to advise the instructor or any staff member and we will attempt to plan to meet your needs.
10. No personal firearms or weapons of any type are permitted at any time during the Harrisonburg Police Department's Community Police Academy including classroom instruction, practical exercises and ride-alongs.
11. All confidential information that the CPA participant may be subject to **shall not be used in any manner outside of the Harrisonburg Police Department.**
12. CPA participants will have their fingerprints taken by HPD personnel and submitted to the Virginia State Police as part of the background check and ability to complete a ride-along.

Please sign below acknowledging that you read and understand the rules/expectations above.

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Signature

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Date