

CARDINAL CRIMINAL JUSTICE ACADEMY

**Application for Membership**

Agency Name:	Telephone:
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Agency Administrator:	Fax:
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Address:

E-mail Address:

**Agency Demographic Information**

Indicate the number of officers/deputies assigned to the following job tasks, including the chief and sheriff:

Law Enforcement Officer	_____	Dispatcher	_____
Jailor	_____	Animal Control	_____
Civil Process/Court Security	_____	Conservators	_____
<b>Total Agency Personnel:</b>	_____		

**Training Services Utilization Information**

In order to help us identify your agency's entry level training needs, please list the number of officers/deputies that you enrolled in an entry level training in the following categories:

***During the last 12 month period:***

Law Enforcement Officer	_____	Dispatcher	_____
Jailor	_____	Animal Control	_____
Civil Process/Court Security	_____		

***During the previous 12 -24 month period:***

Law Enforcement Officer	_____	Dispatcher	_____
Jailor	_____	Animal Control	_____
Civil Process/Court Security	_____		

***During the previous 24 - 36 month period:***

Law Enforcement Officer	_____	Dispatcher	_____
Jailor	_____	Animal Control	_____
Civil Process/Court Security	_____		

Does your agency employ any officers/deputies that require training certifications other than the normal Department of Criminal Justice Services certifications? \_\_\_\_\_ Yes \_\_\_\_\_ No *(If "Yes", please list the certifications below)*

### Instructional Personnel Information

Cardinal Criminal Justice Academy relies heavily on the use of instructional personnel from our member agencies in order to control instructional cost and provide a variety of training opportunities. Tuition fees are set with the assumption that each member agency will support the academy by providing instructional personnel and practical exercise role players. Indicate the number of officers/deputies from your agency that are certified to instruct in the following areas:

General	_____	Driver Training	_____
Firearms	_____	ASP	_____
Defensive Tactics	_____	PR-24	_____
Stungun	_____	OC	_____
RADAR	_____	Bicycle Police	_____
Red Cross 1st Aid/CPR	_____	VCIN/NCIC	_____

### Academy Affiliation Information

Which of the following training academies is your agency presently a member?

Central Shenandoah	_____	New River	_____
Central Virginia	_____	Northern Virginia	_____
Crater	_____	Rappahannock	_____
Hampton Roads	_____	Southwest	_____
Other (Name)	_____		

Please briefly describe the reasons that your agency desires to leave your present training academy and join Cardinal Criminal Justice Academy:

Please briefly describe how your agency expects to benefit from membership at Cardinal Criminal Justice Academy:

Cardinal Criminal Justice Academy strongly supports the Criminal Justice Services Board guidelines for changing academy affiliations. The Executive Board will only accept an Application for Membership from those agencies who have met their contractual and financial obligations with the academy with which they were formerly affiliated. In addition, the former academy and the Department of Criminal Justice Services must be notified in writing when an agency intends to change its academy affiliation. Any agency that fails to comply with these guidelines will be disqualified from becoming a member of Cardinal Criminal Justice Academy.

As the administrator of the agency listed on the reverse side of this application, I hereby request that the Executive Board of Cardinal Criminal Justice Academy approve my agency for membership.

Agency Administrator (*Please Print*): \_\_\_\_\_

Agency Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_