



**Arlington Clergy and Police Partnership**  
**Application for Enrollment**

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Driver's License (state & no.): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Worship Affiliation: \_\_\_\_\_ How many members? \_\_\_\_\_

Your position in your place of worship: \_\_\_\_\_

How many years have you been serving in ministry? \_\_\_\_\_ Email: \_\_\_\_\_

Education (optional):- Please tell us what University you attended and type of degree earned: \_\_\_\_\_

What educational background, training, or other expertise, other than theological training, do you possess that would enrich the ACAPP program? \_\_\_\_\_

Are you aware that there are 36 hours of training that must be completed before being accepted in ACAPP? Y / N

After completion of the clergy academy, will you be available to minister in police call out situations at all hours of the day and night? Y / N Please explain: \_\_\_\_\_

What is your willingness to participate in sensitive situations: crisis environments, emergency situations and high risk conditions? \_\_\_\_\_

What is your willingness to commit to volunteer, a minimum of once per quarter to ride with police officers? \_\_\_\_\_

What is your willingness to volunteer under adverse weather conditions? \_\_\_\_\_

What is your willingness to attend and participate in ACAPP meetings and related ACAPP events? \_\_\_\_\_

Why do you wish to attend the ACAPP Police Academy? \_\_\_\_\_

How did you hear about the ACAPP Police Academy? \_\_\_\_\_