



A.C.A.P.P.

Arlington Clergy and Police Partnership

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? _____