

Date Received:



Instructor Application Form

413 Stuart Circle
Suite 200
Richmond, VA 23220
Telephone: 804.644.0899
Fax: 804.644.0309
www.vcpionline.org

INSTRUCTIONS.

Please answer each question clearly and completely. Return completed application, preferably with a current resume, to Training Coordinator Sheila Gunderman via email, fax or mail to sgunderman@vcpionline.org, 804-644-0309 (fax), or 413 Stuart Circle, Suite 200, Richmond, Virginia 23220.

Which courses are of interest to you? Check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Advanced Search & Seizure | <input type="checkbox"/> Community Policing in Hispanic Communities | <input type="checkbox"/> Media Relations |
| <input type="checkbox"/> Anti-Terrorism Training | <input type="checkbox"/> Community Policing in the 21 st Century (History/Principles/Partnerships) | <input type="checkbox"/> Patrol Drug Interdiction |
| <input type="checkbox"/> Basic Spanish for Corrections Personnel | <input type="checkbox"/> Community Policing to Reduce Domestic Violence | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Bias-Based Policing | <input type="checkbox"/> Ethical Decision Making | <input type="checkbox"/> Speeding in Residential Neighborhoods |
| <input type="checkbox"/> Code Enforcement | <input type="checkbox"/> Human Trafficking Awareness | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Interview and Interrogation | <input type="checkbox"/> Survival Spanish for Law Enforcement |
| <input type="checkbox"/> Community Policing in African-American Communities | <input type="checkbox"/> Introduction to Street Gangs | <input type="checkbox"/> The Search Warrant Process |
| <input type="checkbox"/> Community Policing in Asian Communities | <input type="checkbox"/> Leading Organizational Change | <input type="checkbox"/> Youth Gun Violence |
| <input type="checkbox"/> Other (Please Specify) _____ | | |

Last name	First name	Middle Initial	Current Professional Title/Position

Social Security Number:	Year of Birth:
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Business Address:	Permanent/Home Address:
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Telephone:	Telephone:
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Cell:	Cell:
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Fax:	Fax:
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E-mail:	Personal E-mail:
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EDUCATION: Give details in chronological order, including continuing education/training.

From	To	Name of School/College/University or Equivalent, City/State	Name of Course/Studies/Specialization	Certificate/Diploma/Degree Obtained

Please describe your instructional experience:

Please describe your qualifications as they pertain to the subject(s) in which you've indicated an interest:

REFERENCES

Name and Occupation	Relationship	Email Address	Telephone

I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

Date

Signature