

CENTRAL SHENANDOAH CRIMINAL JUSTICE TRAINING ACADEMY

Non Agency Member Participant Registration Form

Individuals wishing to enroll in training programs at the Central Shenandoah Criminal Justice Academy shall complete this form and forward to the Academy Registrar at least ten (10) days prior to the beginning of the training program. Upon receipt of the training registration form, the Academy registrar will notify each participant to confirm registration. In the event a participant cannot attend the requested program, it will be his/her responsibility to notify the Academy to withdraw from the program.

Applicant's Name: _____
(Last) (First) (M.I.)

Applicant's SS#: _____ (For DCJS Tracking Only)

Course Title: _____

Course Date(s): _____

Employing Agency: _____

Billing Telephone Number: () _____

Billing Address: _____

Telephone Number of Applicant: () _____

Email address: _____

As agency administrator or agency designee, I approve the registration of the applicant for this training program.

(Print) Name of Agency Administrator or Designee

Signature of Agency Administrator or Designee: (Date)

Request for Dormitory Accommodations: Number of nights: _____
[] Yes [] No [] Male [] Female

Fax, mail, or e-mail to: Central Shenandoah Criminal Justice Training Academy
3045 Lee Highway Weyers Cave, VA 24486
Attn: Sharon James, Registrar and Records Specialist
Fax # (540) 234-8211 E-mail: sjames@centralshenandoahacademy.com

SECURITY AWARENESS: The Academy reserves the right to request and validate student employment credentials. All students attending must have photo ID available upon request. (Jan 2010)