

Sarasota Police Department 2099 Adams Lane, Sarasota, Fl 34237

Citizens' Police Academy Application

| Personal Informat | ion: | | | |
|--------------------------|------------------------------------|-----------------------------|--|--|
| 1: | | | | |
| Name: Last | First | Middle | SS# | |
| 2: | | | | |
| Mail Address | City | State | Zip Code | |
| 3: | | | | |
| Home Telephone | Cell Ph | one | Work Phone | |
| | | | | |
| Email | | Shirt Size | | |
| 5: | | | | |
| Date of Birth | Male/Female | Driver's | License Number & State | |
| 6: Residence: Last 5 yea | rs | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 7: In case of Emergency | , Notify: | | | |
| Relationship | Name | | Telephone | |
| 8: References: Other tha | an family members, please provide | e two | | |
| | | | | |
| Full Name | Address | | Telephone | |
| Full Name | Address | | Telephone | |
| | or experimented with narcotics, dr | ugs, marijuana or prescript | tion medicines other than by prescription? | |
| | | | | |
| | | | | |

| 10: Have you ever been convicted of a crime or charged as an adult since your 18th birthday? Do not include traffic offenses. If yes, explain: | | | |
|--|--|--|--|
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| 11: Why do you want to attend the Citizens' Police Academy? | | | |
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| | | | |
| I hereby certify that all statements made in this application are true and accurate to the best of my knowledge. | | | |
| Print Full Name Date of Application | | | |
| Signature | | | |
| For Agency Use / Do not write below this line | | | |
| Approved: Yes / No Date: | | | |
| Background Investigator | | | |
| Email or mail completed application to: | | | |
| Sarasota Police Department (Attention Volunteer Program Coordinator Lashelle Williams) | | | |
| 2099 Adams Lane, Sarasota, FL 34237 | | | |
| Email: lashelle.williams@sarasotaFL.gov | | | |

Office (941) 263-6832 or Cell (941) 724-2749

Phone: Volunteer Program Coordinator Lashelle Williams: