

## Sarasota Police Department 2099 Adams Lane, Sarasota, Fl 34237

## **Citizens' Police Academy Application**

## **Personal Information:**

1:			
Name: Last	First	Middle	SS#
2:			
Mail Address	City	State	Zip Code
3:			
Home Telephone	Cell Ph	ione	Work Phone
4:			
Email			
5:			
Date of Birth		Driver's License Number & State	
6: Residence: Last 5 years			
, j			
7: In case of Emergency, N	lotify:		
Relationship 1	Name		Telephone
_			-
8: References: Other than	family members, please provide	e two	
Full Name	Address		Telephone
	11441 000		i cicpiione
Full Name	Address		Telephone
Full Name	Auuruss		reicphone

If yes, explain:

10: Have you ever been convicted of a crime or charged as an adult since your 18th birthday? Do not include traff	ic offenses. If
yes, explain:	

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 Officer Danny Robbins) 2099 Adams Lane, Sarasota, FL 34237

Email: <u>danny.robbins@sarasotagov.com</u>

Phone: Officer Danny Robbins: Office (941)954-7056 or Cell (941) 780-2770