



Better understanding between citizens
and police through education.

ORLANDO POLICE DEPARTMENT TEEN POLICE ACADEMY APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____
STREET CITY ZIP CODE

Parents Name(s) _____

Place of Employment _____

TELEPHONE: (Home) _____ (Work) _____ (Cell) _____

EMAIL ADDRESS: _____

(Teen Information)

DATE OF BIRTH: _____ RACE (for class diversity/background check): _____ GENDER _____

SOCIAL SECURITY #: _____ PLACE OF BIRTH: _____

Name of School _____ Grade In School _____

WHY DO YOU WISH TO ATTEND THE CITIZEN POLICE ACADEMY?

HOW DID YOU FIRST HEAR ABOUT THE CITIZEN POLICE ACADEMY?

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A CRIME?

PLEASE PROVIDE THE NAMES AND ADDRESSES OF TWO CHARACTER REFERENCES:

1. _____

2. _____

SPRING ACADEMY

FALL ACADEMY

PARENTS SIGNATURE _____ DATE _____

Wednesdays
5:30 – 7:30 p.m.
OPH Auditorium
Age: 13 – 19 years of age

Orlando Police Department
100 South Hughey Avenue
Orlando, Florida 32801
Attn: Volunteer Coordinator
(407) 246-2461 Fax: (407) 246-4227