



Better understanding between citizens and police through education.

# ORLANDO POLICE DEPARTMENT CITIZEN POLICE ACADEMY APPLICATION

DATE OF APPLICATION: \_\_\_\_\_ SPRING ACADEMY  FALL ACADEMY

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

HAVE YOU EVERY BEEN KNOWN BY ANY OTHER NAME/LAST NAME \_\_\_Y\_\_\_N IF YES, PLEASE LIST ALL NAMES USED IN THE PAST, LOCATIONS AND CIRCUMSTANCES (i.e., divorce, adoption, legal name changes, etc.)

NAME DATES: FROM-TO CITY/STATE CIRCUMSTANCES

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RESIDENTIAL ADDRESS: \_\_\_\_\_  
NUMBER STREET

CITY COUNTY STATE HOW LONG AT THIS ADDRESS

TELEPHONE: (Residential) \_\_\_\_\_ (Cell): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

UNITED STATES CITIZEN: \_\_\_Y\_\_\_N DATE OF CITIZENSHIP: \_\_\_\_\_

PERMANENT RESIDENT CARD (I-551)#: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SPEAK ANY LANGUAGE OTHER THAN ENGLISH? \_\_\_\_\_

DO YOU HOLD A CURRENT, VALID DRIVER LICENSE? \_\_\_Y\_\_\_N STATE: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

CHAUFFEUR LICENSE# (If Applicable) \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER LICENSE AND/OR COMMERCIAL LICENSE OR CERTIFICATE, PRIVILEGE REVOKED OR SUSPENDED BY THE ISSUING AUTHORITY? \_\_\_Y\_\_\_N

IF YES, DATE(S) OF SUSPENSION: \_\_\_\_\_

PLEASE EXPLAIN IN DETAIL: \_\_\_\_\_

WORK: Employed: Full-Time  Part-Time  Retired  Student

IF STUDENT, NAME OF SCHOOL: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_ SCHOOL PHONE \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

IF CITY EMPLOYEE, WHAT DEPARTMENT: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_  
NUMBER STREET

CITY COUNTY STATE HOW LONG WITH THIS EMPLOYER

DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month/Year Month/Year

POSITION/TITLE: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ MAY WE CONTACT? \_\_\_Y \_\_\_N

EMPLOYER PHONE: \_\_\_\_\_ EMPLOYER EMAIL: \_\_\_\_\_

HAVE YOU EVER SERVED OR TRAINED IN THE U.S. ARMED FORCES? \_\_\_Y \_\_\_N

BRANCH OF SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_ PAY GRADE: \_\_\_\_\_

DATES OF ACTIVE MILITARY SERVICE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_HONORABLE/GENERAL \_\_\_DISHONORABLE \_\_\_OTHER

PHYSICAL CONDITION: Excellent  Good  Fair  Poor

WHY DO YOU WISH TO ATTEND THE CITIZEN POLICE ACADEMY?

\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU FIRST HEAR ABOUT THE CITIZEN POLICE ACADEMY?

\_\_\_\_\_

PLEASE FURNISH THREE PERSONAL REFERENCES. **DO NOT LIST RELATIVES OR PREVIOUS EMPLOYERS!** THESE REFERENCES MUST HAVE KNOWN YOU FOR AT LEAST TWO YEARS. PLEASE PROVIDE ALL REQUESTED INFORMATION. DO NOT LEAVE ANY BLANKS.

1. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NUMBER STREET

CITY COUNTY STATE HOW LONG ACQUAINTED

PHONE NOS. \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NUMBER STREET

CITY COUNTY STATE HOW LONG ACQUAINTED

PHONE NOS. \_\_\_\_\_



Also, in the event of acceptance and in consideration thereof, the department and any person or entity it may authorize, shall be entitled, without further consent, to use, in any manner required, any picture or photograph of me or a recording of my voice.

I have read and understand the above:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
STATE OF

\_\_\_\_\_  
PRINT NAME OF APPLICANT

**Applications may be mailed or delivered to the following address. Also, a photocopy of your Florida State Driver's License or Florida State Identification Card, along with copy of Citizenship, Passport, I-551 (Permanent Resident Card), I-95, Employment Authorization Document must accompany this application. DO NOT SEND ORIGINAL DOCUMENTS AS THEY WILL NOT BE RETURNED. Applications received without supporting photocopies of documentation will be discarded.**

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