

TALLAHASSEE POLICE DEPARTMENT'S CITIZENS' POLICE ACADEMY

APPLICATION FOR ENROLLMENT

(Please type or print clearly)

NAME (last, first, MI)			
ADDRESS:			
(STREET)	(CITY)	(STATE)	(ZIP)
PHONE NUMBER:			
(HOME)		(WORK)	
DO YOU HAVE ACCESS TO E-MAIL? (ci	rcle one) YES NO		
E-MAIL ADDRESS (please print clearly):			
PLACE OF EMPLOYMENT:			
FORMAL EDUCATION (# OF YEARS): _			
MARITAL STATUS:			
NOTE: A criminal background record of Citizens' Police Academy. The f this check.	•	•	
DATE OF BIRTH:			
RACE:			
GENDER:			
SOCIAL SECURITY NUMBER:			

QUESTIONNAIRE FOR APPLICANTS

1) Have you ever been arrested, anywhere, for a felony or misdemeanor? YES NO

2) If the answer to #1 is yes, provide details. If not, proceed to question #3.

3) Do you have any <u>severe</u> physical limitations which would prevent you from engaging in the activities associated with the Citizens' Police Academy? YES NO

4) Can you commit to attending <u>all</u> classes for the duration of the Academy? YES NO *Please note that students missing more than one (1) night of instruction will be dropped from the Academy. If you have other priorities at the present time, please do not make application to attend.*

5) Why do you want to participate in the Citizens' Police Academy?

6) Have you ever had any contact with the Tallahassee Police Department? If so, was your experience positive or negative?

- 7) If you are not selected or available to attend this session of the Academy, would you be interested in attending the next scheduled Academy? YES NO
- 8) Have you applied for a previous CPA and not been accepted? YES NO When?_____
- 9) How did you hear about the Tallahassee Police Department's Citizens' Police Academy?

Please review your answers and read the statement below before signing your application.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statement and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection of enrollment or dismissal from the Tallahassee Police Department's Citizens' Police Academy. I understand that participation in this program is not to train citizens to be police officers. Rather, the goal and purpose of this program is to educate citizens regarding the purpose, rationale and context of police procedures. I acknowledge that as part of acceptance to this program, I will be required to attend at least 8 of the 9 classes. Failure to attend will be cause for dismissal from graduating. I will abide by all rules and regulations set forth by the Tallahassee Police Department and the City of Tallahassee. I will provide my own transportation when required. I further understand that the Tallahassee Police Department will be conducting a thorough background investigation

Applicant Signature: _____ Date: _____

RETURN TO: Community Relations Unit Tallahassee Police Department 234 E. 7th Avenue Tallahassee, FL 32303