

**KISSIMMEE POLICE DEPARTMENT
CITIZEN'S CIVILIAN ACADEMY APPLICATION**

PLEASE PRINT CLEARLY!

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ **Date of Birth:** _____

Sex: Male _____ Female _____ Race: _____

**** SSN:** _____

Do you possess a valid driver's license? YES _____ NO _____

**** Driver's License Number:** _____ **State:** _____

Why do you wish to attend the Citizen's Police Academy? _____

**** Have you ever been convicted of a crime? YES _____ NO _____**

If YES, please explain.

A background investigation will be completed on each applicant.

Space is limited to 40 participants. You will receive a confirmation letter by mail 2 weeks prior to the start of the academy. Based on a first come first serve basis.

PLEASE RETURN TO:

KISSIMMEE POLICE DEPARTMENT
8 NORTH STEWART AVE.
KISSIMMEE, FLORIDA 34741
FAX:407-518-2378

ATTN: Crime Prevention & COMMUNITY RELATIONS UNIT