



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? (circle one) YES NO

E-MAIL ADDRESS (please print clearly): _____

PLACE OF EMPLOYMENT: _____

FORMAL EDUCATION (# OF YEARS): _____

MARITAL STATUS: _____

NUMBER OF CHILDREN, IF ANY: _____

NOTE: A criminal background record check is required of all those attending the Citizens' Police Academy. The following information is required to perform 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 **severe** 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 **all** 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:
Training Section - CPA
Tallahassee Police Department
234 E. 7th Avenue
Tallahassee, FL 32303