



SARASOTA COUNTY SHERIFF'S OFFICE

INTEGRITY • RESPECT • SERVICE • FAIRNESS

CITIZENS LAW ENFORCEMENT ACADEMY APPLICATION

Name:

Preferred Nickname:

Date of Birth:

Male/Female:

Address:

City/State/Zip:

Email:

Home Phone:

Cell Phone:

Driver's License number & State:

Employer:

Occupation:

Employer's Full Address:

Have you ever been arrested for any offense other than traffic?

Yes

No

If yes, where?

When?

What for?

Please briefly list or describe any civic activities or organizations you are involved in:

From whom did you learn about the academy?

How are you acquainted with him/her?

Shirt size: (Academy participants will be issued a shirt at the first class)

Person to be contacted in case of emergency during your attendance at the Academy:

Name:

Address:

Relationship:

Phone number:

Authorization for Information

I hereby certify that the information contained in this application is true and complete to the best of knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizens Law Enforcement Academy.

Signature:

Date:

Please submit completed application to the Crime Prevention Unit at crimeprevention@scgov.net