



LAKELAND POLICE DEPARTMENT

"In partnership with the community..."

2007 CITIZENS POLICE ACADEMY APPLICATION

PLEASE PRINT LEGIBLY & DO NOT LEAVE ANY QUESTION UNANSWERED

NAME: _____

Nickname/name you go by: _____

DOB: _____ Race: _____ Sex: _____ SS#: _____

Address: _____
Street City ST Zip

How long? _____ Phone: (_____) _____

E-mail address: _____

Driver License #: _____ State: _____ Age: _____

Occupation: _____ Business name: _____ How long: _____

Highest education level achieved: _____ Degree(s): _____

Civic Associations: _____

Have you ever been *convicted* of a crime (excluding traffic violations)? _____

If yes, provide details: _____

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**PLEASE READ AND INITIAL BY EACH OF THE FOLLOWING:**

\_\_\_\_\_ I understand the Lakeland Police Department Citizens Police Academy will meet **every WEDNESDAY night from 6:30PM - 9:30PM for fourteen (14) weeks, beginning in August and concluding in November.**

\_\_\_\_\_ I understand individuals selected to participate in the Academy are expected to attend **all** sessions and to participate in class activities.

\_\_\_\_\_ I understand I must be willing to commit to these attendance requirements for the entire duration of the program in order to successfully complete graduation requirements.

\_\_\_\_\_ I understand I may miss no more than **two (2)** classes for *any* reason (excluding the optional firearms familiarization class) during the term of the academy in order to be eligible for graduation.

\_\_\_\_\_ I understand that, should circumstances cause me to miss more than two (2) classes, I will be afforded the opportunity to make up missed classes in *next year's Academy*, after which I will be eligible for official graduation from *that* Academy class.

\_\_\_\_\_ I understand that I will be subject to a criminal background inquiry before being accepted into the program. **Those having arrest and conviction histories that include a felony, a misdemeanor of violence or moral turpitude, etc. are not eligible to participate.**

\_\_\_\_\_ I understand the Chief of Police reserves the right to exclude any applicant from consideration whose participation is deemed not to be in the best interests of the Lakeland Police Department and/or the applicant.

I HAVE READ AND UNDERSTAND THE CONDITIONS ASSOCIATED WITH THIS APPLICATION AND PARTICIPATION IN THE LAKELAND POLICE DEPARTMENT'S CITIZEN POLICE ACADEMY.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(over)

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

What are some of the community/volunteer activities in which you have been involved? \_\_\_\_\_

\_\_\_\_\_

How did you learn about the Citizens Police Academy? \_\_\_\_\_

\_\_\_\_\_

Why do you wish to participate in the Citizens Police Academy? \_\_\_\_\_

\_\_\_\_\_

What is your perception of crime in Lakeland? \_\_\_\_\_

\_\_\_\_\_

What should the Lakeland Police Department do differently to address the needs of our community? \_\_\_\_\_

\_\_\_\_\_

Do you have a Neighborhood Watch Program in your neighborhood? \_\_\_\_\_ If so, what improvements would you recommend? \_\_\_\_\_

\_\_\_\_\_

***Respect- Integrity-Teamwork-Excellence***

***Please return completed application to:***

**Lakeland Police Department  
219 N. Massachusetts Avenue  
Lakeland, FL 33801  
Attn: Laurie A. Gries**

Application  
deadline is Friday,  
August 3, 2007

**FOR ADMINISTRATIVE USE ONLY:**

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Arrest history completed/Date: \_\_\_\_\_  Copy attached

Selection Committee Action:

Applicant **meets** eligibility requirements and is recommended for Academy.

Applicant **does not meet** eligibility requirements for consideration.

Signatures: \_\_\_\_\_ Date \_\_\_\_\_  
(CO/UPD-II)

\_\_\_\_\_ Date \_\_\_\_\_  
(SUPV/CSU)