



LAKELAND POLICE DEPARTMENT
"In partnership with the community..."

2026 CITIZENS POLICE ACADEMY APPLICATION

PLEASE PRINT LEGIBLY & DO NOT LEAVE ANY QUESTION UNANSWERED
DO NOT PUT YOUR SOCIAL SECURITY NUMBER ON THIS FORM.

NAME: _____

Nickname/name you go by: _____

DOB: _____ Race: _____ Sex: _____ Last 4 digits of 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: _____

PLEASE READ AND INITIAL BY EACH OF THE FOLLOWING:

_____ I understand the Lakeland Police Department Citizens Police Academy will meet **every Thursday night from 6:30PM - 9:30PM for Fifteen(15)weeks with 18 classes, beginning on August 06, 2026 and concluding November 12, 2026.**

_____ 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 three (3) classes for *any* reason during the term of the academy in order to be eligible for graduation.

_____ I understand that, should circumstances cause me to miss more than three (3) 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? _____

Public participation is solicited without regard to race, color, religion, sex, age, national origin, disability, or family status. Anyone requiring special accommodations pursuant to the Americans with Disabilities Act of 1990 or persons that require translation services (free of charge) for participation should contact the City ADA Specialist, Kristin Meador at (863) 834-8444, by Florida Relay at 711, or by email to Kristin.Meador@lakelandgov.net. Because providing a reasonable accommodation may require outside assistance, the City asks that any request be made with as much notice as possible, preferably five (5) business days prior to the event, but no later than two (2) business days prior to the event.

Respect- Integrity-Teamwork-Excellence

Please return completed application to:

**Lakeland Police Department
219 N. Massachusetts Avenue
Lakeland, FL 33801
Attn: Community Services Unit**

**Application
deadline Friday,
July 17, 2026**

FOR ADMINISTRATIVE USE ONLY:

Application received by: _____ Date: _____

Selection Action:

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

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

Signatures: _____ Date _____
(CO/SOD)

_____ Date _____
(SUPV/CSU)