



**SARASOTA COUNTY SHERIFF'S OFFICE
CITIZENS LAW ENFORCEMENT ACADEMY
APPLICATION**



Name: _____ Preferred Nickname: _____
(first / middle / last)

Date of Birth: _____ Male/Female: _____ Address: _____

City/State/Zip: _____

Work Phone: _____ Home Phone: _____

Social Security #: _____ Driver's License #: _____

Employer: _____ Occupation: _____

Employer's Address: _____
(street / city / state / zip)

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: S M L (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: _____ Telephone: _____

Authorization for Information

I hereby certify that the information contained in this application is true and complete to the best of my 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 RETURN THIS APPLICATION TO THE SHERIFF'S OFFICE TRAINING SECTION,
P. O. BOX 4115, SARASOTA, FL 34230**