CITIZEN POLICE ACADEMY APPLICATION

Name:		
Residential Address (No P.O. Boxes):		
City:	**State:**	**Zip Code:**
Home Phone:	**Cell Phone:**	**Date of Birth:**
Emergency Contact Information:		
Briefly describe why you wish to attend the Citizen Police Academy:		
Have you ever been convicted of a crime?		
Give the names and addresses of two character references:		
Reference #1 Name:		
Reference #1 Address:		
Reference #1 Phone:		
Reference #2 Name:		
Reference #2 Address:		
Reference #2 Phone:		

Applicants Must Meet Minimum Qualifications at the *Time of Submission*

Must be at least 21 years of age

Marion County Residents Only

ADA Compliance

At the time of applying, please let me know if reasonable accommodations are needed for you to participate in this academy.

Applications may be mailed or delivered to:

Ocala Police Department
402 S. Pine Avenue
Ocala, Florida 34471

Any questions, please contact:

Community Liaison,
Tara Woods 352-369-7182