Daytona Beach Shores Department of Public Safety

CITIZENS' POLICE ACADEMY APPLICATION

3050 S. Atlantic Ave. – Daytona Beach Shores, FL 32118

PERSONAL INFORMATION

Name: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

City, State, Zip: _____ Email: _____

Driver's Lic. #: _____ Exp. Date:____ SSN:_____

Choose your shirt preference:

Polo Shirt: ◯ Small ◯ Medium ◯ Large ◯ X-Large ◯ XX-Large

CURRENT EMPLOYMENT INFORMATION

(If Retired, list most recent Employment Information)

Occupation:_____ Business Phone: _____

Business Name: _____

Business Address:_____ City, State, Zip: _____

QUESTIONNAIRE

At the time of this application, are you under 21 years of age?	◯ Yes	◯ No
Have you ever been arrested or convicted of any criminal offense?	◯ Yes	◯ No
Do you have any medical conditions that limit your activities?	◯ Yes	◯ No
Have you ever used a name other than the one listed above?	◯ Yes	◯ No

If you answered "Yes" to any of the questions above, please explain:

Please let us know why you are interested in attending the Citizens' Police Academy:

Did someone refer you to our Academy? If so, who? _____

If not, how did you find out about this program? _____

Return completed applications by mail, in person at the Front Desk, or by email to jlong@cityofdbs.org.

ELIGIBILITY FOR ATTENDANCE IS AT THE SOLE DISCRETION OF THE POLICE DEPARTMENT