

ORLANDO POLICE, ORLANDO FIRE & CFL URBAN LEAGUE TEEN ACADEMY



NAME: _____ DATE: _____

ADDRESS: _____
STREET CITY ZIP CODE

Parents Name(s) _____

Place of Employment _____

TELEPHONE: (Home) _____ (Cell) _____

EMAIL ADDRESS: _____

(Teen Information)

DATE OF BIRTH: _____ RACE (for class diversity/background check): _____ GENDER _____

SOCIAL SECURITY #: _____ PLACE OF BIRTH: _____

Name of School _____ Grade In School _____

WHY DO YOU WISH TO ATTEND THE CITIZEN POLICE ACADEMY?

HOW DID YOU FIRST HEAR ABOUT THE CITIZEN POLICE ACADEMY?

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A CRIME?

PLEASE PROVIDE THE NAMES AND ADDRESSES OF TWO CHARACTER REFERENCES:

1. _____

2. _____

SPRING ACADEMY ☐

FALL ACADEMY ☐

PARENTS SIGNATURE _____ DATE _____

Applications may be mailed, faxed or delivered to the following address.

Next Academy Date:
June 13 – June 23, 2016
09:00 a.m. – 4:30 p.m.
OPH Auditorium
Age: 15 – 19 must have
completed 8th grade

Orlando Police Department
100 South Hughey Avenue
Orlando, Florida 32801
Attn: Volunteer Coordinator
407-246-2461 407-246-4227 Fax