



City of Venice Police Department

Tom Mattmuller * Police Chief



VENICE POLICE DEPARTMENT CITIZENS LAW ENFORCEMENT ACADEMY APPLICATION

Name (First/Middle/Last)

Date of Birth (mm/dd/yyyy)

Address

City / State / Zip Code

Secondary Address

Sex

E-mail

Male

Female

Work Phone Number

Home Phone Number

Driver's License Number

Employer

Occupation

Employer's Address

Have you ever been arrested for any offense other than traffic?

If yes, where and when?

Yes

No

Please briefly list or describe any civic activities or organizations you are involved in

How did you learn about the Venice Police Department's Citizens Academy?

Briefly describe why you are interested in the Citizens Academy

Shirt Size (Academy participants will be issued a shirt at the first class)

Emergency Contact Information During Your Attendance at the Academy

Name Relationship

Address

Telephone Number (Cell / Home / Work)

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 Venice Police Department Citizens Academy.

Signature

Date