



# ORLANDO POLICE & FIRE DEPARTMENT TEEN ACADEMY



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET

CITY

ZIP CODE

Parents Name(s) \_\_\_\_\_

Parents Place of Employment \_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**(Teen Information)**

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

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. \_\_\_\_\_

PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

Orlando Police Department Headquarters  
1250 W. South Street  
Orlando, FL 32805  
Office: 407.246.2461  
Fax: 407.246.4227  
sonya.robinson@cityoforlando.net

Next Academy Date:  
June 12 – June 22, 2017  
Orlando Police Headquarters  
1250 w. South St.  
9:30 a.m. – 4:30 p.m.