



MIAMI GARDENS POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION



Thank you for your interest in the Miami Gardens Citizens Police Academy. Through your participation, you will receive a thorough understanding of the inner workings of a modern police department, the duties of a police officer, the functions of various divisions within the department, and how our agency interacts with other first responders. Your instructors will be active-duty law enforcement officers and other public safety officials. Participation in the Citizens Police Academy is voluntary and there is no cost or tuition. However, we ask that you commit to attending the entire 10-week program. Upon your successful completion, you will receive a certificate attesting to your participation.

Please complete this application in its entirety. Please print legibly.

PERSONAL

Name: _____
Last
First
Middle
Maiden (if applicable)

Address: _____
Street
Apt. Number
City
State

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Driver License: State: _____ Number: _____

Date of Birth: _____

BACKGROUND

Please briefly explain why you want to enroll in the Miami Gardens Police Department's Citizens Police Academy:

Please list any associations, clubs or organizations you belong to or are affiliated:

EMERGENCY CONTACTS

List two immediate family members or close friends that can be contacted in the event of an emergency:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

CRIMINAL HISTORY

Have you ever been convicted of a felony? () Yes () No

If "Yes," please explain: _____

Have you had any previous experience with law enforcement? () Yes () No

If "Yes," please explain, including date(s) and incident(s): _____

REFERRALS

Were you referred to the Citizens Police Academy? () Yes () No

If "Yes," by whom were you referred? _____

SPECIAL NEEDS

Do you have special needs that must be accommodated in order for you to participate in the Citizens Police Academy: () Yes () No

If "Yes," please describe: _____

Please review your statements carefully and read the statement below before signing this application:

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to the questions in the document. I understand that any such omissions or false statement on this application shall be sufficient cause for rejection of enrollment or dismissal from the Miami Gardens Citizens Police Academy. I further understand the Miami Gardens Police Department will conduct a thorough background investigation that may include, but not limited to, any criminal history, employment history and personal references.

Signature

Date

For Citizens Police Academy use only:

Received by _____ Date: _____ Time: _____