2026 CITIZENS POLICE ACADEMY APPLICATION
FEBRUARY 4 - APRIL 8, 2026 (WEDNESDAYS)

Full Name: _____

Preferred Nickname: _____

Date of Birth: _____ Male ☐ Female ☐

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Driver's License Number & State: _____

Employer: _____ Occupation: _____

Employer's Full Address: _____

Are you retired? If so, what was your occupation and employer before retirement?

_____

Have you ever been arrested for any offense other than traffic? Yes ☐ No ☐

If yes, where? _____ When? _____

What for? _____

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

Why are you interested in attending the academy?

Will you need accommodations to attend the Academy? If so, please explain:

Do you have any allergies or anything else we should be aware of:

From whom did you learn about the academy? _____

How are you acquainted with him/her? _____

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

Person to be contacted in case of emergency during your attendance at the Academy:

Name: _____

Address: _____

Relationship: _____ Phone Number: _____

Authorization for Information

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I hereby authorize the Venice Police Department to perform a national criminal background check and personal history for consideration to attend the Citizens Police Academy.

**Any person with a felony will be excluded from participating. The Sheriff has sole discretion to exclude applicants from the Academy.*

Signature: _____ Date: _____

Please submit completed application to Caroline Moriarty at cmoriarty@venicefl.gov