



# St. Petersburg Police Department Citizen Police Academy Application



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of business if above is work address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

*Format for phone numbers: 727-123-4567*

Date of Birth (format mm/dd/yyyy): \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Florida Driver's License or ID #: \_\_\_\_\_

Have you ever been arrested? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Reason: \_\_\_\_\_

**Deliver completed form to:**  
St. Petersburg Police, Community Awareness Division,  
1301 1 Ave N  
St. Petersburg, FL 33705