

Port St. Lucie Police Department
Citizens Police Academy

Registration
(Please Print)

Name: _____ Date: _____

D/L#: _____ State: _____ DOB: _____

Race: _____ Sex: _____ City/State of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Address: _____

City, State, Zip: _____

Home Telephone #: _____ Work Telephone: _____

Cell Telephone #: _____ Email: _____

If a resident of Port St. Lucie when did you move here? _____

If not a native Floridian when did you come to Florida? _____

From which State? _____

How did you hear about the Port St. Lucie Police Dept. Citizens Police Academy? Please be specific.

Newspaper: _____

Radio: _____

Internet: _____

Current Employee: _____

Other: _____

Any questions call Donna Hentz at 772-344-4052 or email dmhentz@cityofpsl.com.

We will need a copy of your driver's license with this registration form.

Are you at least 18 years of age? () Yes () No

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

If yes please explain:

What do you wish to get out of attending the Citizens Police Academy?

Are you interested in becoming a volunteer for the Port St. Lucie police dept.?

() Yes () No

Do you belong to any Civic Organizations? Ie: Moose, Elks, VFW, Homeowners Group, etc...

() Yes () No

If yes please give names of organizations;

WARNING!
CONFIDENTIAL LAW ENFORCEMENT SENSITIVE MATERIALS

While attending the Citizens Police Academy you will have occasions to be in areas that are designated **SECURE: Law Enforcement Personnel Only!** Official Law Enforcement Bulletins, Correspondence, BOLO's (Be On The Look Out), and other materials, will be present and within your purview. You are **cautioned** not to discuss any such materials outside of your classroom environment. To do so could compromise ongoing Law Enforcement Activities! Your cooperation in this matter is anticipated!

Applicant Signature: _____

Date: _____