



## Marco Island Police Department Citizens Academy

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Home Work Cell*

Race: \_\_\_\_\_ / Sex: \_\_\_\_\_ / Date of Birth: \_\_\_\_\_ / S.S.# \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ / State Issued: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Name Address Telephone*

Are you a resident of Marco Island? \_\_\_\_\_ / Other Residency: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ / Birth Place: \_\_\_\_\_ / Country: \_\_\_\_\_

Employer: \_\_\_\_\_ / Job Title: \_\_\_\_\_

I hereby certify that all statements made by me on this application are true, complete, and correct to the best of my knowledge. I understand that a background check will be made upon submission of this application. I understand that any criminal conviction, any previous actions which may reflect unfavorably upon the Marco Island Police Department, any attempt to deceive or conceal pertinent information, or any suggestion I may be a security risk may be cause for membership denial or dismissal. I give full and unqualified permission to the Marco Island Police Department to make any and all inquiries into my present and past personal and business status as may be deemed necessary in the interest of the Police Department. I understand the Marco Island Police Department Citizens Academy is a voluntary participation course and I will receive no compensation for attendance.

**Applicant Signature:** \_\_\_\_\_ / **Date:** \_\_\_\_\_

Please use the reverse for additional information from boxes. Applicants will be notified by letter of their acceptance and the dates/times of the next class. Applicants return this form to their respective district coordinator/office, or mail it to the following address:

Marco Island Police Department  
c/o: Captain Dave Baer  
51 Bald Eagle Drive  
Marco Island, FL 34145