



# Lake County Sheriff's Office

Peyton C. Grinnell, Sheriff

360 West Ruby Street, Tavares, Florida 34778; (352) 326-8108; Fax (352) 365-2804

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## Application for Appointment For the Sheriff's Citizen Academy

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Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

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

How Long? \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ (if retired, former occupation)

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

Social Security Number: \_\_\_\_\_

Have you ever been convicted of any offense? \_\_\_\_\_

If yes, what for? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

Would you be able to attend all the sessions? \_\_\_\_\_

How did you hear about the Citizen's Police Academy? \_\_\_\_\_

\_\_\_\_\_

Please list names and addresses of two character references: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Application for Appointment to the Citizen’s Police Academy (continued)**

What do you expect to gain from attending this Academy? \_\_\_\_\_  
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I hereby certify that the information in this application is true and complete to the best of my knowledge. You are hereby authorized to make an investigation of my personal history deemed necessary for consideration to attend the Citizen’s Police Academy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this application to: **Lake County Sheriff’s Office**  
**Attn: Community Services**  
**Linda Thompson**  
**360 West Ruby Street**  
**Tavares, FL 32778-3877**  
  
**Fax to: (352) 365-2804**