



## BROWARD SHERIFF'S OFFICE BROWARD CITIZENS ACADEMY STUDENT APPLICATION FORM

Last (Family) Name:		First Name:		Full Middle Name(s):	
BSO District:		Maiden Name:		Previous Names:	
Race:	Sex:	Date of Birth:	Social Security Number:		Height & Weight:
Address in Florida :	Street/Apartment:			City/Zip Code:	
	Telephone Numbers :		Home:	Office:	Others (cellular/pager/etc):
Emergency Contact :	Name:		Address:		Telephone number(s):
	Driver's License :	State/Province Issued:	Driver's License Number:		Telephone Number(s):
How did you hear about this course?					
<p>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 Broward Sheriff's Office, 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 Broward Sheriff's Office 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 Sheriff's Office. I understand the Broward Sheriff's Office Broward Citizens Academy is a voluntary participation course and I will receive no compensation for attendance.</p>					
Applicant Signature:			Today's Date:		
Background/License Checked by:	Print Title & Name:		Signature & CCN:		Date:

Use 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:

Broward Citizens Academy  
c/o: Department of Law Enforcement (Cheryl Vara)  
Broward Sheriff's Office  
2601 West Broward Boulevard  
Fort Lauderdale, Florida 33312