



Eustis Police Department Citizen Police Academy Registration



PERSONAL INFORMATION:

First Name Initial Last Name

Maiden Name Date of Birth

Address City State Zip Code

Home phone Work Phone Cell Phone

Email T-Shirt Size (shirts measured in men's sizes)

EMERGENCY INFORMATION

Do you have any special medical conditions, restrictions, medications take, or allergies that we should be aware of?

If yes, please explain

EMERGENCY CONTACT

Name Relationship

Address City State Zip

Phone

Have you ever voluntarily or involuntarily received ANY mental health assessment or treatment?

If yes, please explain

Have you ever been charged or convicted of any crime? (this DOES include juvenile, sealed, or expunged records.)

If yes, please explain

Print, sign, and deliver in person to:

Eustis Police Department
 Attn: Senior Detective Jim Franquiz
 51 E. Norton Avenue
 Eustis, FL 32726

I affirm that the above information is accurate to the best of my knowledge. By signing this form, I authorize the use of this information by the Eustis Police Department for official use only.

_____/_____
 Signature Date