



# POLICE

## WILTON MANORS

Gary Blocker, Chief of Police  
2020 Wilton Drive  
Wilton Manors, FL 33305  
954-390-2150

### CITIZENS POLICE ACADEMY APPLICATION

**Please complete the FRONT and BACK and PRINT neatly or type.**

Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_  
Last First Middle/ Maiden Name

Preferred Pronoun \_\_\_\_\_ Gender (Optional) \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_

Emergency Contact (Name and Tel#) \_\_\_\_\_

How did you hear about the academy? \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, clearly please explain when, where and what for.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain a positive or negative encounter with law enforcement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any Community Group you have been involved with (past and present)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# POLICE

## WILTON MANORS

Gary Blocker, Chief of Police  
2020 Wilton Drive  
Wilton Manors, FL 33305  
954-390-2150

### CITIZENS POLICE ACADEMY APPLICATION

Please list your hobbies and/or special interests?

---

---

---

If you have any special needs that require accommodation in order for you to attend this program, please contact Alberto Carrillo at (954) 390-2162.

Please SELECT your shirt size:      Small       Med       Large       Xlarge       XXlarge

Please list TWO references (name, address, telephone number)

---

---

---

---

*I certify that the information in this application is true and complete to the best of my knowledge. I also grant permission to the Wilton Manors Police Department to verify the information contained in this application and to review my criminal history and driving history. If you are filling out this form digitally, simply type your full name and date.*

Sign \_\_\_\_\_ Date \_\_\_\_\_

Please mail, fax or email this completed application along with a clear copy of your driver's license (or a copy of a government issued identification card or passport) to:

Wilton Manors Police Department  
Attn: Citizens Police Academy  
2020 Wilton Drive  
Wilton Manors, FL 33305

Phone (954) 390-2162  
Fax (954) 390-2189  
Email [INFO@WMPD.ORG](mailto:INFO@WMPD.ORG)