

Marion County Sheriff's Office CITIZENS ACADEMY & PARTNERSHIP REGISTRATION APPLICATION

The Villages Mulberry Recreation Center 8445 SE 165th Mulberry Lane The Villages, FL 32159 (Tuesdays, 1:00-3:30 pm beginning Sept. 12, 2017))

DATE OF APPLICATION:

Master the Possibilities–On Top of the World	
Live Oak Hall- 8415 SW 80th Street Ocala	
(Thursdays, 9:00-11:30 am beginning Sept 14,	2017

NAME:		
-	Last	First

Middle

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME/LAST NAME ____Y ____N IF YES, PLEASE LIST ALL NAMES USED IN THE PAST, LOCATIONS AND CIRCUMSTANCE (i.e. divorce, adoption, legal name change, etc.)

Name	Dates: From-To	City/State	Circumstance		
Name	Dates: From-To	City/State	Circumstance		
RESIDENTIAL ADDRESS:	Street	City	/: State:		
	Zip Code:Cou	nty:			
TELEPHONE (Residential):	(Cell):			
EMAIL:		RACE:	SEX:		
LAST 4 OF SOCIAL:	DAT	E OF BIRTH:			
WORK: Full-Time: P	art Time: 🔄 Retired: 🔄 Stu	udent:			
EMPLOYER: (Optional) _					
HOW DID YOU HEAR AB	OUT THE MARION COUNTY SI	HERIFF'S OFFICE CITZENS ACA	DEMY AND PARTNERSHIP?		
Newspaper: TV/Radio: Family/Friend: Facebook: MCSO Website:					
Other, please specify:					
APPLICANTS WILL BE SUBJECT TO A BACKGROUND CHECK.					
I UNDERSTAND THE MARION COUNTY SHERIFF'S OFFICE HAS THE AUTHORITY TO MAKE THE FINAL DECISION ON ANY APPLICANT'S ACCEPTANCE INTO THE CITIZENS ACADEMY AND PARTNERSHIP PROGRAM. I HEREBY ATTEST THE ABOVE STATEMENTS ARE ACCURATE AND TRUTHFUL. I REALIZE THAT FALSIFICATION OR MISREPRESENTATION ON THIS OR ANY OTHER PERSONAL RECORD MAY RESULT IN MY NOT BEING ACCEPTED INTO THE CLASS. I UNDERSTAND THE INFORMATION I WILL RECEIVE DURING THIS PROGRAM IS SOMEWHAT SENSITIVE AND SHOULD BE TREATED AS SUCH.					
Date:	Si	ignature:			
Date:	Pri	nt Name:			

Please return application to Marion County Sheriff's Office, ATTN: Director Paul Bloom, P.O. Box 1987, Ocala, FL 34478.