



**Santa Rosa County Sheriff's Office**  
*Sheriff Wendell Hall*

**CITIZEN'S LAW ENFORCEMENT ACADEMY APPLICATION**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Why do you wish to attend the Citizen's Law Enforcement Academy?

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

If yes, please explain: \_\_\_\_\_

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**Please return application to:**

Kim Purvis  
Crime Prevention Coordinator  
5755 East Milton Rd  
Milton FL 32583  
850.983.1236