



**OFFICE OF THE STATE ATTORNEY
FIFTH JUDICIAL CIRCUIT**
Serving Marion, Lake, Citrus, Sumter, Hernando Counties

**Citizens Prosecutor Academy
Application**

Please register for the course prior to submitting this application. Registration is on a first come, first serve basis. Application submission does not automatically register you for this course. Thank you!

Date of Application: _____

Name: _____ Driver's License #: _____
(Last, First Middle)

Date of Birth: _____

Address: _____
(Street or P.O. Box)

_____, Florida _____
(City) (Zip code)

Phone: _____ E-Mail Address: _____

Employer: _____
(Name) (Address)

Work Phone: _____ Occupation: _____

List any civic organizations or activities in which you are currently involved:

How did you learn about the Citizens Prosecutor Academy?

Why would you like to attend the Citizens Prosecutor Academy? What do you hope to learn?

PERSONAL REFERENCES

1. _____
(Name) (Address)

(Phone) (Relationship to Applicant)

2. _____
(Name) (Address)

(Phone) (Relationship to Applicant)

EMERGENCY CONTACT INFORMATION

(Name) (Address)

(Phone) (Relationship to Applicant)

Have you ever been arrested? Yes _____ No _____

If you answered yes, please provide details of the arrest, including the date, place of arrest, and disposition.

Does any family member have a pending criminal charge? Yes _____ No _____

If you answered yes, please provide details of the charge, including whether the family member is currently placed on regular or deferred probation.

Please disclose the username for all your social media accounts (ie: Facebook, Twitter, Instagram, etc.).

CERTIFICATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application are sufficient cause for rejection for enrollment or dismissal from the Citizens Prosecutor Academy. I also understand that any participant may be removed from the Citizens Prosecutor Academy if they are disruptive or otherwise inhibit the purpose of this program.

Applicant's Signature

Date

**Please include a copy of your driver's license and submit it with your application.*

Please register for the course prior to submitting this application. Registration is on a first come, first serve basis. Application submission does not automatically register you for this course.

Return completed application by mail or email to:

**Master the Possibilities, Inc.
8415 SW 80th Street, Suite 2, Ocala, FL 34481
(352) 861-9751
mtp@masterthepossibilities.org**