



*Live Oak Police Department*  
*Become partners against crime by being part of the next*  
*Citizens Police Academy*  
*March 21 through June 6, 2019*  
*Class Meets: Thursdays, 7:00 to 9:00 p.m. for 12 weeks*



## LIVE OAK POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION FOR ENROLLMENT

Applicants must be 18 years of age or older

Print Name (First/Middle/Last) \_\_\_\_\_

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

City/Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Why do you wish to attend the Citizens Police Academy? \_\_\_\_\_

\_\_\_\_\_

Do you have special training, certifications, or skills? \_\_\_\_\_

\_\_\_\_\_

Please list associations, clubs, affiliations, etc: \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested for any offense other than traffic? \_\_\_\_\_

If yes, for what? \_\_\_\_\_

How did you hear about the Citizens Police Academy? \_\_\_\_\_

\_\_\_\_\_

Are you a resident or business person in the City of Live Oak? \_\_\_\_\_

List two references:

1. \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Contact Information:** Please list an immediate family member or close friend we can contact in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home/Cell Number: \_\_\_\_\_

**Medical History:** The following information is necessary in the event of an emergency while attending the course.

Medical Condition: \_\_\_\_\_

\_\_\_\_\_

Medication(s): \_\_\_\_\_

\_\_\_\_\_

**Please review your application carefully and read the statements below before signing.**

**I hereby certify that there are no willful representations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection, or dismissal from the Live Oak Police Department Citizens Police Academy.**

**I, the undersigned, binding my heirs, executors, administrators and assigns do hereby release and agree not to hold liable, the City of Live Oak, it's elected officials, officers, agents, and employees from any and all actions, claim, demand, or damage arising from or resulting from property damage, personal injuries or death sustained while participating in the Citizens Police Academy.**

**I acknowledge that I am at least 18 years of age and the facts set forth in my application are true and correct. I hereby authorize the Live Oak Police Department to conduct a background investigation into my personal and/or criminal history record for the purpose of determining eligibility for the Live Oak Police Department Citizens Police Academy. I understand that this investigation may include, but be limited to, criminal history, employment history, and personal references.**

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

Please return the completed form in person, by mail, or fax to:

Live Oak Police Department  
Justice Center  
8022 Shin Oak Drive  
Live Oak, Texas 78233  
PHONE 210.945.1700  
FAX 210.945.1762  
[www.liveoaktx.net/police](http://www.liveoaktx.net/police)