

FLOWER MOUND POLICE DEPARTMENT



CITIZENS POLICE ACADEMY APPLICATION

** All fields are required, incomplete applications will not be considered**

Name: _____

Address: _____ Flower Mound, TX Zip Code: _____

Email: _____

Phone: Daytime: _____ Evening: _____ Cell: _____

Race: _____ Sex: M F Date of Birth: _____ Shirt Size: S M L XL XXL XXXL

Drivers License Number: _____

Place of Employment: _____

Address of Business: _____

Occupation: _____

Have you ever been arrested before? Please circle Yes or No

If yes please give details:

Please give two character references with a telephone number:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

I UNDERSTAND BY ENROLLING IN THE CITIZENS POLICE ACADEMY, I AM SUBJECT TO A BACKGROUND CHECK, WHICH INCLUDES A CHECK OF ANY ARREST RECORD, DRIVING RECORD, WARRANT CHECK AND CRIMINAL HISTORY CHECK.

(Signature of Applicant)

Mail to:

Justin Buck

Flower Mound Police Department

4150 Kirkpatrick Ln.

Flower Mound, TX 75028

972-874-3357

justin.buck@flower-mound.com

RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION

AGREEMENT FOR CITIZEN POLICE ACADEMY CLASS

In consideration of the acceptance of my registration as a participant in the Town of Flower Mound Citizen Police Academy Class, and with the understanding that I enter into this agreement, for myself, my heirs and assigns, I hereby acknowledge the inherent and extraordinary risks involved in the class and all other risks, inherent in any other activities conducted with this class in which I may voluntarily participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) and accidents that may occur as a result of my participation, and I release from liability for any such injuries the Town of Flower Mound, each of its officers, directors, agents, representatives, employees, and any other entities associated with the class. I hereby waive any claim I may have, currently or in the future, as a result of any injury to my person or property as a result of my participation in the class and in any other activities connected with this class in which I voluntarily participate. I hereby agree to indemnify all of the above-named persons for any and all claims, including attorney's fees and costs, which may be brought against any of them by anyone claiming to have been injured or damaged as a result of my participation in the class.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE. I AM OF LAWFUL AGE AND LEGALLY COMPETENT TO MAKE THIS AGREEMENT.

Signature

Date