

**Flower Mound Police Department  
Citizens Police Academy  
Application**

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

**Name:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Phone:** Daytime \_\_\_\_\_  
Evening \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_

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

**Address of Business:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Have you ever been arrested before? Yes or No?**

**If so please give details:**

\_\_\_\_\_

**Please give two character references with a telephone number:**

\_\_\_\_\_

\_\_\_\_\_

***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:

Paul Boon  
Flower Mound Police Department  
4150 Kirkpatrick Lane  
Flower Mound, TX 75028  
972-874-3304  
paul.boon@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