

**COPPERAS COVE POLICE DEPARTMENT**

**Citizens Police Academy**

**"FRIENDSHIP THROUGH PARTNERSHIP"**

**Enrollment Application**

Date of Application: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_\_\_ Driver's License/State ID Number: \_\_\_\_\_  
Number/State SSN

Home Address: \_\_\_\_\_  
Street City State Zip Code

Home # : \_\_\_\_\_ Cell Phone # : \_\_\_\_\_ Employer's Phone# : \_\_\_\_\_

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

Employer's Name: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Have you ever been convicted of a Felony offense? No or Yes: If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently under indictment for a felony offense or a suspect in any criminal investigation by this department or any other State or Law Enforcement Agency? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Certification**

I, \_\_\_\_\_, understand that I am requesting enrollment in the Copperas Cove Police Department's Citizens Police Academy. I also understand that as a participant in the program, I will receive information that is of a sensitive nature and is not intended for general dissemination. I hereby certify that I will not recklessly provide information gained through this program or use it to hinder any law enforcement effort. I also certify that I am at least 18 years of age, either live or work in Copperas Cove, and have not been convicted of any Felony offense. I authorize the Copperas Cove Police Department to check the validity of any of these facts.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date