

Citizen Police Academy



The Palmview Police Department is accepting applications for the Palmview Citizens Police Academy. The minimum standards for recruiting qualified applicants are as follows:

Selection Requirements

1. Male or female, at least 18 years of age.
2. United States citizen.
3. Resident of Hidalgo County.
4. Possess a High School diploma or GED certificate.
5. Good moral character. Conviction of a felony is disqualifying. A background investigation will be conducted.
6. Possess the ability to clearly express thoughts in written and oral form.

Applicant Information:

Last Name: _____ **First Name:** _____

Address (Physical): _____

City: _____ **State: TX** **Zip:** _____

Home Phone #: (_____) _____ - _____ **Cell Phone #:** (_____) _____ - _____

Date of Birth: ____ / ____ / ____ **Age:** _____

Height: _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____

Nicknames: _____

TX ID/DL Number: _____ **Restrictions:** _____

Education History:

High School: _____ **City:** _____

Achievement: ____ **Diploma** ____ **GED** ____ **Other:** _____

List Any Special Skills or Qualifications You May Possess: _____

List Hobbies / Extra Curricular Activities You Are Involved In: _____

Medical History:

Do you have any physical handicaps, chronic diseases, or disabilities? _____ Yes _____ No

If Yes – Explain: _____

Are you currently taking any medication prescribed by your physician? _____ Yes _____ No

If Yes – Describe: _____

In Case of Emergency Contact List: (must list at least three)

Name:	Telephone Number:	Relation
_____	_____	_____
_____	_____	_____

Please indicate any traffic citations or arrests by law enforcement below:

Agency	Date	Arrest/Traffic Offense	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please write a brief narrative of why you are interested in becoming a member of the Palmview Citizens Police Academy. This narrative will be reviewed by the membership committee.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that such willful misrepresentations, omissions, or falsifications may be grounds for immediate termination from the program.

Signature: _____ **Date:** _____ / _____ / _____

I hereby give permission for the Palmview Police Department to check whatever criminal records and to retain such information as a part of my permanent file with the Palmview Police Department.

Signature: _____ **Date:** _____ / _____ / _____

RELEASE OF LIABILITY

Certification and Release of Liability

I, the undersigned, certify that I am an adult over eighteen (18) years of age. I understand that falsification of any information on this form or forms may disqualify me from this program.

RELEASE OF LIABILITY AND INDEMNITY

I, the undersigned, certify that I have the legal authority to execute this release on my own behalf. In consideration for the acceptance of my registration in the Palmview Citizens Police Academy, I, the undersigned binding my heirs, executors, administrators, and assigns, do hereby release and agree NOT to hold liable the Palmview Citizens Police Academy, its officers, agents, employees, and volunteers from all action, claim, demand, or damage arising from or resulting from property damage, personal injuries, or death sustained while I participate in the Palmview Citizens Police Academy. I further agree, binding my heirs, executors, administrators, and assign to indemnify, hold, and save harmless, the Palmview Citizens Police Academy, its officials, agents, officers, employees, and volunteers from any liability, actions, claims, damages, awards, or judgments incurred or suffered by the Palmview Citizens Police Academy or individuals because of any act or omission by me, or caused in part by a person indemnified hereunder.

_____ (Initials)

I assume and accept complete and full responsibility for any injury to participate in the physical fitness, field trips, presentations, and other activities and events that are part of the program that I may incur and or intentionally cause by participating in this program. In case of an accident or illness, the individual in charge, at his/her discretion has my permission to take me to a physician and or hospital. I fully understand that I will be liable for any and all costs incurred.

_____ (Initials)

PERMISSION TO PHOTOGRAPH

As part of the Palmview Citizens Police Academy, a group photo of the participants will be taken and may be placed in local media outlets. There may also be media coverage of the program as well as video/photography to be used by the Palmview Citizens Police Academy. I authorize to be photographed for this purpose and throughout the extent of this program.

_____ (Initials)

SIGNATURE: _____ DATE: _____

RIDE ALONG AUTHORIZATION

My name is _____ and I wish to participate in the Palmview Police Department Citizen Police Academy Ride Along Program.

Address: _____ City: _____ State: _____

Date of Birth: ____/____/____ DL/ID State and Number: _____

Contact Phone Number: (____) _____ - _____

Have you participated in a ride-along program with this or another agency within the last 90 days?

If so, where? _____

State the reason(s) you wish to participate in the Ride-Along Program:

I understand that the Palmview Police Department will conduct a background investigation before being allowed to participate in the ride-along program. I understand that if I have a conviction of a Class B Misdemeanor or higher, I will not be allowed to participate. Furthermore, I am participating in the ride-along program of my own free will and expect no reimbursement or compensation for my time. I understand that law enforcement is dangerous and further release all agents, employees, or volunteers from liability in connection with any injuries or damages I may receive while in the company of the Palmview Police Department and any of its volunteers, officers, and/or employees.

Signature: _____ Date: _____

RULES FOR RIDE-ALONG PARTICIPANTS

1. The rider must always remain in the police vehicle.
2. The rider must follow all lawful orders and/or instructions of a Peace Officer.
3. While participating in the ride-along program, the rider will not use/disseminate any information through audio or visual recordings, and/or photography.
4. The rider may not express derogatory statements of this city or its affiliates to any person being part or not of this program.

Citizen Police Academy students will only be allowed to ride along three times during the academy. Unless the Palmview Chief of Police approves otherwise.

Approved: Yes No

Date: _____

Chief of Police Printed Name: Jose M. Trevino

Chief of Police Signature: _____