



Village of Salado Police Department
Citizen Police Academy
Application for Enrollment



Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Place of Employment/Address: _____

Occupation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Texas Driver's License or Identification Number: _____

Do you possess a Concealed Handgun Permit? _____

Have you ever been charged with a felony offense? _____

If yes, please explain: _____

Shirt Size? (circle one) S M L XL XXL XXXL

How did you hear about the Citizen Police Academy? _____

Why do you wish to attend the Citizen Police Academy? _____

List any community group affiliations: _____

Please read the following prior to signing and returning this application.

1. By completing and returning this application form with your signature, you agree to allow the Salado Police Department to conduct a background check on you as a prerequisite to attending the Academy.
2. If you possess a Concealed Handgun Permit, you are not allowed to carry a firearm on your person while attending any of the Academy classes, regardless of location.

Applicant Signature: _____

Date: _____

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Release of Liability Participation in the Village of Salado Police Academy

I, _____ agree to assume any and all liability and hold the Village of
(Applicant's Printed Name)

Salado and the Salado Police Department, it's officers, employees and agents harmless from all claims or actions which I ever had, now have, or may have in the future or any liability for injuries, or damages which occur to me as a result of my participation in the Salado Citizen Police Academy. I expressly waive all claims for medical expenses, loss of services, or other claims to which I may otherwise be entitled and I agree to indemnify and hold harmless the Salado Police Department, the Village of Salado, it's officers, employees and agents from all claims made by third parties against it or them which result from my activities with the Salado Citizen Police Academy. I understand that the Salado Police Department, the Village of Salado, its officers, employees and agents are not waiving any sovereign or governmental immunity which it or they have under Texas law.

I have read and understood this release and sign it voluntarily and with full knowledge of its significance.

Applicant's Signature: _____ Date: _____

Please return to the Salado Police Department, 301 N. Stagecoach Rd. Salado, Tx. 76571