



**ODESSA POLICE DEPARTMENT**  
**CITIZEN POLICE ACADEMY / VOLUNTEER IN POLICING**  
205 N. GRANT- ODESSA, TEXAS 79761  
(432) 335-4604 OR (432) 335-4614

**APPLICATION FOR ENROLLMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_ How long in Odessa?: \_\_\_\_\_  
Street City Zip

Previous Address (if less than 5 years at above): \_\_\_\_\_  
Street City State

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Why do you wish to attend? \_\_\_\_\_

How did you hear about Volunteer in Policing / Citizen Police Academy? \_\_\_\_\_

Have you been arrested or convicted of a crime in the past 5 years? If so, explain: \_\_\_\_\_

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

Give the Name, address & phone number of two character references:

1. \_\_\_\_\_

2. \_\_\_\_\_

**In consideration of my application to attend the Citizen Police Academy / Volunteer in Policing, I give the Odessa Police Department permission to conduct background checks as necessary. The Odessa Police Department reserves the right to refuse admission to any applicant.**

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

\_\_\_\_\_  
Date

Mail completed application to:

Citizen's Police Academy / VIP - Support Services Division  
Odessa Police Department  
205 North Grant  
Odessa, Texas 79761