

# CITIZEN'S POLICE ACADEMY APPLICATION

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(last) (first) (middle initial)

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

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Soc/Sec#: \_\_\_\_\_ Driver's Lic#: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Why do you wish to attend the Citizen Police Academy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Citizen Police Academy? \_\_\_\_\_

Have you been arrested or convicted of a crime in the past five (5) years? If so, please describe what for, when and where. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give the name, address and phone number of two (2) character references:

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

Person to be contacted in case of emergency during your attendance at the Academy:

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

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

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please complete the attached waiver and return the application in its entirety to:**

Odessa Police Department  
Citizen's Police Academy  
Attn: Mary Lynn King  
205 N. Grant Ave.  
Odessa, Texas 79761

Or email to: [mking@odessa-tx.gov](mailto:mking@odessa-tx.gov)

**CITIZEN'S POLICE ACADEMY  
APPLICANT ADVISORY AND WAIVER**

Due to the sensitive nature of some subjects being presented in the Odessa Police Department's Citizen's Police Academy, a criminal history background check will be conducted on all individuals applying for attendance into the Citizen's Police Academy.

Odessa Police Department facilities are in compliance with ADA rules.

The Odessa Police Department reserves the right to deny attendance to any person if The results of the person's background investigation cause concern to the Citizen's Academy Coordinator regarding the safety, legality, or advisability of the person's attendance. In addition, any person with a criminal conviction will be denied attendance at the Odessa Police Citizen's Academy.

---

I authorize the Odessa Police Department and its agents to conduct a background investigation. I authorize the release of all records requested, both public and private. I agree to hold harmless from criminal or civil prosecution any entity which releases records as a result of this request, the Odessa Police Department and their agents.

I hereby grant OPD permission to use my likeness in a photograph or video in any and all of its publications, including website entries, without payment or any other consideration.

I further agree that if I should be accepted into the Odessa Police Citizen's Academy, I will abide by the instructions of Odessa Police staff during all activities related to the Odessa Police Citizen's Academy.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_