

**BRYAN POLICE DEPARTMENT
CITIZEN POLICE ACADEMY**

303 E. 29th

BRYAN, TEXAS 77803

Phone: (979) 209-348 fax: (979) 209-5295

Alex Ramirez: aramirez@bryantx.gov

APPLICATION FOR ENROLLMENT

Full Name: _____ Check One
Mr. ___ Mrs. ___ Ms. ___

Date of Birth: _____ Driver's Lic./ID #: _____
(Please provide photo copy of valid ID with application)

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____
Street City Zip

Occupation: _____ Business/School Name: _____

Business Address: _____

E-mail address: _____
Street City Zip

Have you previously attended a Citizen Police Academy? Yes _____ No _____

If yes where and when? _____

How did you first hear about Bryan Citizen Police Academy? _____

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

Give name, address, and phone number of two character references:

1. _____

2. _____

I authorize the Bryan Police Department to conduct a background investigation to obtain any information relating to my criminal history record for the purpose of making a determination of eligibility for the Citizen Police Academy. I also understand I can only take this program one time and if I decide to volunteer, I can be removed from ALL activities if removed from one.

Signature of Applicant

Date

A Better Understanding Through Education