

**San Marcos Police Department  
Citizen Police Academy  
Enrollment Application**

Please print or type

\*Applicants must be at least 18 years of age and should either live or work in San Marcos. Incomplete, inaccurate, or unsigned applications will not be considered.

**Personal:**

Name (Last/First /Middle): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Complete Home Address: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Business/Employer Name & Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Driver's License # & State: \_\_\_\_\_ Email address: \_\_\_\_\_

Are you a citizen or employed in San Marcos?  yes  no

Name of emergency contact: \_\_\_\_\_

Address / Telephone: \_\_\_\_\_

Is there any medical information you feel the San Marcos Police Department should be aware of? Do you have any special needs i.e., language, hearing, visual, etc.?

**Background:**

Have you ever had, or do you currently have, criminal charges filed against you?  yes  no

Explain: \_\_\_\_\_

**Referral source:**

How did you hear about the San Marcos Citizens Police Academy? \_\_\_\_\_

**Signature:**

"I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omissions or false statement on this application are cause for rejection for enrollment or dismissal from the Citizen Police Academy. I understand that I may be rejected for enrollment if I have had, or currently have, any criminal charges filed against me pending in a criminal court."

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If emailing this form, use your email address as your signature*

**Citizen Police Academy Staff Use Only**

Received by: \_\_\_\_\_ Approved / disapproved \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_