



Lamar Police Department

Lamar Police Citizen's Academy Application

Date of application:

Name:

Date of birth:

Address:

City/State/Zip:

Phone:

Email:

Soc /Sec#

Driver's Lic#

Employer:

Occupation:

Employer's address:

Are you an earlier graduate of a previous Citizen Police Academy Class: Yes No

Have you been arrested for any offense other than traffic? Yes No

If yes, what for? When? Where?

Please briefly list or describe any civic activities/organizations you are involved in:

Have you had previous experiences with law enforcement?

Briefly explain your interest in the Lamar Citizens Police Academy:

What do you expect to gain from attending this academy or specific topics would you like to explore?



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How did you hear about the academy?

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

Name:

Address:

Relationship:

Telephone:

Since participants in the Lamar Police Citizen Academy may be involved with police equipment, illegal substances, dangerous training situations, have access to police facilities and may be exposed to graphic information and/or images, your signed acceptance of the following waiver is required for participation in the program.

I HEREBY RELEASE THE CITY OF LAMAR, THE LAMAR POLICE DEPARTMENT, AND ALL ITS MEMBERS OF ANY LIABILITY RESULTING FROM ANY ILLNESS OR INJURY INCURRED DURING MY PARTICIPATION IN THE CITIZEN POLICE ACADEMY. I CERTIFY THAT ALL STATEMENTS MADE HEREIN OR OTHERWISE BY ME IN APPLYING FOR THE CITIZEN POLICE ACADEMY ARE TRUE AND CORRECT. I AUTHORIZE THE CITY OF LAMAR TO INVESTIGATE MY EMPLOYMENT, CRIMINAL HISTORY, OR CHARACTER THROUGH INQUIRIES TO ANY SOURCES AND I AUTHORIZE THE RELEASE OF ANY INFORMATION POSSESSED BY ANY LOCAL, STATE OR FEDERAL LAW ENFORCEMENT AGENCY THAT MAINTAINS CRIMINAL HISTORY INFORMATION. I UNDERSTAND AND AGREE THAT ANY OMISSION OF ANY MATERIAL FACT, OR FALSE STATEMENT CAN CAUSE FORFEITURE OF MY ACCEPTANCE TO, OR CONTINUED PARTICIPATION IN, THE CITIZEN POLICE ACADEMY. LAMAR POLICE DEPARTMENT CAN REFUSE ENTRY OR REVOKE PARTICIPATION AT ANY TIME AND IT IS SOLEY IN THEIR DISCRETION.

Applicant Signature:

Date: