



# Houston Police Department Citizen's Police Academy Application



Please fill out completely. Incomplete applications will not be processed. Please use "N/A" for section(s) that do not apply. The Houston Police Department appreciates your interest in service and commends your spirit. Please be patient during the process.

**Please select the Session, day of the week and time you wish to attend.**

Fall - September through November

Spring - March through May

Tuesday  6:00 PM - 9:30 PM

### Personal Information

Last Name:	First Name:	Age:	Race:	Sex	Social Security #
Home Address:					
City		Zip Code			
Home Phone:		Cell Phone:			
Date of Birth:					
Place of Birth:					
Email Address:					

### Criminal History & Driving Record

Texas Drivers License #			
Has your license ever been suspended or revoked?	<input type="checkbox"/>		
Have you ever been arrested?	<input type="checkbox"/>	If Yes, please explain:	
Have you ever been convicted of a crime?	<input type="checkbox"/>	If yes please explain:	
List the number of traffic citations and accidents you had in the past two years.			
Citations		Accidents	



# Houston Police Department Citizens Police Academy Participant Policies



## Please initial to the left of the statement.

\_\_\_\_\_ The Houston Citizens Police Academy is offered to participants one time only.

\_\_\_\_\_ A participant may be dismissed from the Houston Citizens Police Academy at the discretion of the Coordinator, with concurrence of the Chain of Command.

\_\_\_\_\_ Two (2) absences from class is grounds for dismissal.

\_\_\_\_\_ If a participant of the Citizens Police Academy is dismissed or an Alumni member is removed for any HPD sponsored activity, that participant or Alumni member may not be eligible to participate in future HPD volunteer opportunities and/or HPD sponsored groups.

\_\_\_\_\_ Specified parking is provided for a participant of the Citizens Police Academy on the participants assigned class days and only while class is in session. A participant's vehicle that is parked in the specified parking location at any other time is subject to tow at the owners expense.

\_\_\_\_\_ Weapons and/or personal defense devices are not permitted in class.

\_\_\_\_\_ Handgun license holders may not carry or possess a handgun while in class.

\_\_\_\_\_ Attending the Class Graduation is required. Graduation is on Thursday during the last week of class; please plan appropriately.

\_\_\_\_\_ This class provides the public with a working knowledge of the Houston Police Department. The instruction is comprehensive and officer led with some classroom instruction and discussion as well as hand on opportunities.

I understand and agree to comply with the aforementioned policies and class rules. Further, I understand that any violation of the aforementioned policies and/or class rules may result in my immediate dismissal from the HPD Citizens Police Academy.

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

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

# HOUSTON POLICE DEPARTMENT

Training Division  
17000 Aldine Westfield Rd.  
Houston, TX 77073

## CONSENT AGREEMENT & LIABILITY RELEASE FORM

*Participant's Information (Please Print)*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name First Name Date of Birth

\_\_\_\_\_  
Address: (Street, City, State, Zip)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Phone Work Phone Cell Phone

I voluntarily consent to participate in:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Citizen Police Academy From To  
(Hereinafter Referred to as the "EVENT") (Date) (Date)

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### RELEASE OF LIABILITY AND MEDICAL CONSENT

I, the undersigned, understand that participation in the EVENT involves a certain degree of risk and have carefully considered the risk for myself and, if applicable, my child. I understand that participation in the EVENT is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I, BINDING MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, DO HEREBY RELEASE AND AGREE NOT TO HOLD LIABLE THE CITY OF HOUSTON, ITS OFFICERS, AGENTS AND EMPLOYEES FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, DEMAND, COSTS OR DAMAGES ARISING FROM OR RESULTING FROM PROPERTY DAMAGE, PERSONAL INJURIES OR DEATH SUSTAINED BY ME OR MY PROPERTY WHILE PARTICIPATING IN THE EVENTS.

I FURTHER AGREE, BINDING MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, TO HOLD HARMLES AND INDEMNIFY THE HOUSTON POLICE DEPARTMENT, THE CITY OF HOUSTON, THE EVENT COORDINATORS, AND ALL EMPLOYEES FROM ANY LIABILITY, ACTION, CLAIM, DAMAGE, AWARD OR JUDGMENT INCURRED OR SUFFERED BY THE ABOVE CITY OR INDIVIDUALS AS A RESULT OF ANY ACTION OR OMISSION BY ME OR MY CHILD OR CAUSED IN WHOLE OR IN PART BY ME OR MY CHILD WHILE PARTICIPATING IN THE ABOVE NAMED PROGRAM WHETHER OR NOT ALSO CAUSED IN PARTY BY A PERSON INDEMNIFIED HEREUNDER.

In case of emergency involving my child, I understand every effort will be made to contact the emergency contact listed on this form. In the event the emergency contact cannot be reached, I hereby give my permission to the medical provider selected by the adult in charge to secure proper treatment, including hospitalization, anesthesia,

CONTINUED ON REVERSE SIDE

surgery, or injections of medication for my child. I promise to assume liability for payment of all professional services, and to reimburse the City of Houston for my child's expenses that may be incurred for treatment, care, drugs and other services. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the EVENT activities.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

**ALL adult participants MUST complete the following acknowledgment and sign.**

1. I voluntarily and knowingly release and discharge the City of Houston and the Houston Police Department's employees, agents, successors, assigns and all other who may be liable from all claims, present and future, known or unknown, in any manner arising out of such participation in the Event.
2. I acknowledge that I and, if applicable, my child, have no limiting medical conditions and are fully capable of participating in the Event.
3. I understand that my and, if applicable, my child's participation in the Event is a privilege subject to revocation at any time by any Houston Police Department Officer or employee who is involved in the Event.

My name is \_\_\_\_\_, my date of birth is \_\_\_\_/ \_\_\_\_/\_\_\_\_,

and my address is \_\_\_\_\_.

I declare under penalty of perjury that the foregoing is true and correct.

In witness whereof, I have executed this release this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Declarant's Signature

I, the undersigned, am an employee of the Houston Police Department, and do hereby attest that I witnessed the execution of this Consent Agreement & Liability Release Form by Declarant.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee #

\_\_\_\_\_  
Date

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





# Identity Verification for CJIS Compliance Non-HPD Personnel



Houston Police Department CJIS Compliance Unit

CJISID: \_\_\_\_\_

The Company you work for: \_\_\_\_\_

Company Supervisor Name & Contact Phone: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

DL/ID Number: \_\_\_\_\_ ID State: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Email: \_\_\_\_\_

I certify that all of the information provided above is true and false information may lead to Criminal prosecution or Civil action.

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

**SECTION BELOW COMPLETED BY A LAW ENFORCEMENT AGENCY ONLY**

**On this date, the above individual appeared before me to have their fingerprints taken for the Houston Police Department's CJIS Compliance Application Process.**

Name & Title of Official Taking Fingerprints: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Address & Phone Number of Agency: \_\_\_\_\_

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



# Training Certification Form

## TCIC/NCIC Practitioner

### Houston Police Department CJIS Compliance Unit

CJISID: \_\_\_\_\_

#### Texas Crime Information Center / National Crime Information Center

I acknowledge that I have viewed the Practitioner's course material provided by HPD. I further acknowledge that I am responsible for familiarizing myself with the documents contained on the Practitioner Training and that I can be held civilly and/or criminally accountable for failing to comply with the rules and requirements set forth therein. **Consider all fields on this form MANDATORY.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Government Number: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_  
Company or Personal Email

Classroom Training Location: \_\_\_\_\_  
Classroom Address

Date of Training: \_\_\_\_\_  HPD Provided  Classroom Training  
(Check Type of Training)

By signing this form I acknowledge that I have viewed the TCIC/NCIC Practitioner Training provided by HPD or attended a State of Texas approved TLETS training event and understand the rules and regulations associated with working on computers, computer networks, or in facilities that may provide access to criminal justice information.

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





# CJIS Security Awareness Training Certification Form

**Houston Police Department CJIS Compliance Unit**

CJISID: \_\_\_\_\_

## Criminal Justice Information Services (CJIS) Security Policy

I acknowledge that I have viewed the Security Awareness course material provided by HPD or have attended Security Awareness Training provided by my employer. I further acknowledge that I am responsible for familiarizing myself with the documents contained on the Security Awareness training and that I can be held civilly and/or criminally accountable for failing to comply with the rules and requirements set forth therein. As per CJIS Regulations this training must be attended every two years. **Consider all fields on this form MANDATORY.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Government Number: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_  
Company or Personal Email

Training Provided by: \_\_\_\_\_  
Company and Phone Number

Date of Training: \_\_\_\_\_  HPD Training  Other Training  
(Check Type of Training)

By signing this form I acknowledge that I have viewed the Security Awareness Presentation through HPD or received Security Awareness Training through another Training program and understand the rules, regulations and security associated with working on computers, computer networks, or in facilities that may provide access to criminal justice information.

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

*200/3.00.F08*



**APPLICANT/CONTRACTOR CONSENT AND AUTHORIZATION TO RETAIN FINGERPRINTS**

The Department of Public Safety (DPS) and Federal Bureau of Investigation (FBI) retain fingerprints to provide notification to agencies of future events to the criminal history record at the state and national level. In order for each applicant to participate in the Fingerprint-based Applicant Clearinghouse of Texas (FACT) and “Rap Back” (notification services), please have each applicant provide the following information:

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Last Name	First Name	M.I.	Maiden Name if Applicable
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Date of Birth	Last four SSN	DL/ID#	Employee/License# if Applicable
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I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated agency with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy, including 28 U.S.C. 534 and 34 U.S.C. 41101.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI’s permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the relevant agency. I also understand the agency may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

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Signature \_\_\_\_\_ Date \_\_\_\_\_