

Please print this application and mail it to the Temple Police Department; 209 E Ave  
A; Temple, TX 76501

## *Citizens' Police Academy of Temple*

### **Application Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment/Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Texas Driver's License or Identification Number: \_\_\_\_\_

Do you possess a Concealed Handgun Permit? \_\_\_\_\_

#### **Please Read the Following Prior to Signing and Returning this Application.**

1. By completing and returning this application form with your signature, you agree to allow the Temple Police Department to conduct a background check on you as a prerequisite to attending the Academy.
2. If you possess a Concealed Handgun Permit, you are not allowed to carry a firearm while on Temple Police Academy grounds or during any of the Academy classes, regardless of location.
3. Due to the sensitive nature of some material and certain instructors' job assignments, no audio or video recordings, or pictures are allowed without prior permission.

#### **Release of Liability Participation in the Citizens' Police Academy – Temple**

I, \_\_\_\_\_ agree to assume any and all liability and hold the Temple Police  
(Applicant's Name / Please Print)

Department, its officers, employees, and agents harmless from all claims or actions which I ever had, now have, or may have in the future or any liability for injuries or damages which occur to me as a result of my participation in the Citizens' Police Academy – Temple. I expressly waive all claims for medical expenses, loss of services, or other claims to which I may otherwise be entitled, and I agree to indemnify and hold harmless the Temple Police Department, its officers, employees, and agents from all claims made by third parties against it or them which result from my activities with the Citizens' Police Academy – Temple.

I understand that the Temple Police Department, its officers, employees, and agents, are not waiving any sovereign or governmental immunity which it or they have under Texas law.

I have read and understood this release and sign it voluntarily and with full knowledge of its significance.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For further information contact the Citizens' Police Academy Coordinator at (254) 298-5911.**