



## Katy Police Department Citizen's Police Academy Application for Enrollment

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Alternate phone #: \_\_\_\_\_

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

Best way to contact you with short notice:     Cell phone    Email    Other \_\_\_\_\_

Employer: \_\_\_\_\_ Job title: \_\_\_\_\_

Community group affiliation (if any): \_\_\_\_\_

Previous community activity or involvement: \_\_\_\_\_

Why do you want to participate in the Citizen's Police Academy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Citizen's Police Academy? \_\_\_\_\_

**List two references**

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

I authorize the Katy 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's Police Academy.

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

Please mail or hand deliver completed form to:

Training Division  
Katy Police Department  
5456 Franz Road  
Katy, TX 77493