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		[redacted]	
Home Phone:		Cell Phone:			
Date of Birth:		[redacted]			
Place of Birth:					
Email Address:					

Criminal History & Driving Record

Texas Drivers License #			
Has your license ever been suspended or revoked?			
Have you ever been arrested?		If Yes, please explain:	
Have you ever been convicted of a crime?		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)

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: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Non-HPD Personnel

Houston Police Department CJIS Compliance Unit

☐ **Unescorted** ☐ **Escorted** **CJISID:** _____

I, (print name) _____, do hereby authorize a review of and full disclosure of all criminal records concerning myself to any duly authorized agent of the City of Houston Police Department whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any records of a criminal nature including, but not limited to, information regarding arrests, criminal charges, or criminal convictions, and any information regarding contact with a criminal justice agency or any criminal case in which I presently have or have had an interest or been a party.

I understand that any information obtained by a personal history background investigation, developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my eligibility for gaining physical or logical access to any Houston Police Department facility area or any system, process, or operation whereby criminal justice information (CJI) is processed, transmitted, accessed, or stored.

I understand that the Houston Police Department will determine if access will be granted based upon the results of the background investigation and requirements stated in the Texas Department of Public Safety (Texas CJIS Systems Access Policy) and the Federal Bureau of Investigation (FBI) CJIS Security Policy. I understand that the Houston Police Department may implement stricter policies than the minimum standards provided by the Texas Department of Public Safety (Texas CJIS Systems Access Policy) and the FBI CJIS Security Policy.

I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liabilities that may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof even though the said photocopy does not contain an original writing of my signature.

_____ _____

Witness Signature Signature

_____

Witness Name (printed) Address: _____

Date Signed: _____ _____ _____

City, State Zip Code

Telephone: _____ Date of Birth: _____ / _____ / _____ Race: _____

Title: _____ Social Security #: _____ Sex: _____

Driver License #: _____ State: _____

_____ Telephone #: _____

Name of Company

Email: _____

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: _____

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: _____

Watch Security Awarnes Video

Submit by Email Print Form

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:

Last Name	First Name	M.I.	Maiden Name if Applicable
Date of Birth	Last four SSN	DL/ID#	Employee/License# if Applicable

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.

Signature	Date