



Moody Police Department

Citizen Police Academy Application



Chief of Police
Reece Smith

Director of CPA
Lt. Steve Humber

Please Print Clearly

Date: _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____ / ____ / ____ Please Circle: Male Female Shirt Size: S M L XL XXL

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Social Security Number: _____ - _____ - _____

Email Address: _____

In case of emergency notify:

Name: _____ Phone #: _____

Relation: _____

How did you learn of the Citizens Police Academy?

Friend? _____ Relative? _____

Neighbor? _____ Co-worker? _____

Website? _____ Alumni? _____

Do you know anyone employed at the Moody Police Department? Yes No

If yes, Name? _____

Division? _____ How Long? _____



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Work History

Occupation: _____

Name of Employer: _____

Address: _____

Phone #: _____ Length of employment: _____

Criminal History

Have you ever been adjudicated or convicted of a crime in any court? Yes No

If yes, please explain: _____

Health / Medical Information

If you answer YES to the following questions, please explain fully.

Do you have any special challenges e.g. visually or hearing impaired, learning disability, behavioral disorder etc.? If so, please explain below.

Do you have any of the following condition(s) for which you are currently or have been previously under medical care?

_____	Asthma	_____	Epilepsy	_____	Heart Disease
_____	Diabetes	_____	Respiratory	_____	Hyperactivity

Any conditions or health concerns not listed above? Please describe below. _____

Signature of Applicant: _____ Date: _____



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Approval for Background Investigation, Criminal History, and Driver's License Check

As a CPA Member for the Moody Police Department, I realize that a background investigation, criminal history, and driver's license check will be done before I can begin class.

I hereby authorize the Moody Police Department to search any law enforcement database to conduct it.

List **ALL** names you have ever used including maiden name:

Last: _____ First: _____ Middle: _____

Last: _____ First: _____ Middle: _____

Last: _____ First: _____ Middle: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Date of Birth: ___ / ___ / ___ Social Security Number: _____ - _____ - _____

Driver's License #: _____ Sex: _____ Race: _____

I hereby swear that there are no willful misrepresentation or omissions in, or falsification of, the foregoing statements and answers to questions. I am aware that should an investigation disclose such willful misrepresentations, falsification or omissions, my application for the Citizen Police Academy will be rejected by the Moody Police Department.

Signature: _____ Date: _____

The Moody Police Department does not discriminate based on age, color, race, national origin, gender, religion or disability.



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Participation Permit/Promise to Release

Name of Participant: _____

During my participation in the Moody Police Department Citizen Police Academy, I do hereby release the City of Moody, its police officers, public officials, agents, and employees from any and all liability, claims, demands, actions and causes of action which I may hereafter have due to any and all injuries and damage to me or to my property, or my death, arising out of or related to any happening or occurrence while I am participating in the academy. For the same reason, I agree to forever, not hold, the City of Moody and said persons liable for any such claims, demands, actions or causes of action.

The terms above shall be in full force and effect during the period of my participation in the Moody Police Department Citizen Police Academy.

Signature: _____ Date: _____

Release of Liability and Assumption of Risk Agreement

I, _____ hereby acknowledge that I have voluntarily applied to participate in the Moody Police Department Citizen Police Academy.

The Citizen Police Academy will give me a hands-on look at the operation of the Moody Police Department and an overview of the Department's policies and procedures. I am aware that my participation in the citizen police academy program may expose me to certain dangerous and hazardous activities including K-9 demonstration, police gun range demonstration, trip to the county jail, and I am voluntarily participating in this program with the knowledge of the risk of injury or death.

Signature: _____ Date: _____



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Release of Liability and Assumption of Risk Agreement Cont.

AS LAWFUL CONSIDERATION for being permitted to participate in this program and use facilities of the City of Moody, I hereby agree that I, my heirs, distributes, guardians, legal representatives and assigns will not make a claim against, sue, or prosecute the City of Moody, its employees, agents, or representatives for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or representative of the City of Moody, as a result of my participation in the Citizen Police Academy. In addition, I hereby release and discharge the City of Moody, its employees, agents, and representatives from all actions, claims, or demands, I, my heirs, distributes, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in the Citizen Police Academy.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF MOODY AND/OR ITS EMPLOYEES, AGENTS, OR REPRESENTATIVES AND SIGN THIS DOCUMENT OF MY OWN FREE WILL.

Signature: _____ Date: _____