

**San Marcos Police Department  
Citizen Police Academy  
Enrollment Application**

Please print or type

\*Applicants must be at least 18 years of age and should either live or work in San Marcos. Incomplete, inaccurate, or unsigned applications will not be considered. Please save the completed application, then email back the saved copy. Thank you.

**Personal:**

Name (Last/First /Middle): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Complete Home Address: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Business/Employer Name & Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Driver's License # & State: \_\_\_\_\_ Email address: \_\_\_\_\_

Are you a citizen or employed in San Marcos?  yes  no

Name of emergency contact: \_\_\_\_\_

Address / Telephone: \_\_\_\_\_

Is there any medical information you feel the San Marcos Police Department should be aware of? Do you have any special needs i.e., language, hearing, visual, etc.?  
\_\_\_\_\_  
\_\_\_\_\_

**Background:**

Have you ever had, or do you currently have, criminal charges filed against you?  yes  no

Explain: \_\_\_\_\_  
\_\_\_\_\_

**Referral source:**

How did you hear about the San Marcos Citizen Police Academy? \_\_\_\_\_

**Signature:**

"I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omissions or false statement on this application are cause for rejection for enrollment or dismissal from the Citizen Police Academy. I understand that I may be rejected for enrollment if I have had, or currently have, any criminal charges filed against me pending in a criminal court."

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

*If emailing this form, use your email address as your signature*

**Citizen Police Academy Staff Use Only**

Received by: \_\_\_\_\_ Approved / disapproved \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_