



SCHOOL INFORMATION

SCHOOL ATTENDING: \_\_\_\_\_ GRADE/RANK: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

OVERALL GRADE AVERAGE: A B C

Have you received negative discipline relating to conduct or grades while attending this school? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

MEMBERSHIP IN SCHOOL ORGANIZATIONS

	GROUP	POSITION	CONTACT PERSON
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

EMPLOYMENT

EMPLOYER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ , \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

Will attendance at academy classes adversely affect your attendance at work? \_\_\_\_\_

If yes, will you be able to schedule time off in advance for attendance at special events? \_\_\_\_\_

CRIMINAL HISTORY

Have you ever been arrested, detained by police or charged with any criminal offense, including a traffic citation? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

HEALTH INFORMATION

Are you currently under a doctor's care for any disability or chronic illnesses? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Are you taking any medication? \_\_\_\_\_

If yes, list: \_\_\_\_\_

\_\_\_\_\_

Have you had any serious injuries, illnesses or surgeries? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any condition that you feel may restrict your ability to perform under stress or limit your participation in physically challenging exercises? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

I hereby approve and agree to all of the terms and conditions of this application and certify to its correctness.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature  
(If Applicant is under 18 years of age)

\_\_\_\_\_  
Date

DO NOT WRITE IN THIS BOX	
Date application submitted: _____	Is application complete? _____ Yes _____ No
Release Forms (check if on file):	
Information Release _____	Liability Release/Treatment Authorization _____
Media Release _____	Sensitive Materials Authorization _____
Date of Interview: _____	Approved for membership? _____ If no, explain _____
_____	

PEARLAND POLICE TEEN CITIZEN POLICE ACADEMY  
*INFORMATION RELEASE FORM*

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I, \_\_\_\_\_, hereby authorize any presently or previously attended school, to disclose to the Pearland Police Teen Citizen Police Academy Advisors and Command Staff, any records or other information, either written or verbal, which may assist them in evaluating my application for membership. I further authorize the Pearland Police Department to investigate all information contained in this application. I understand my acceptance into the Pearland Police Teen Citizen Police Academy shall be subject to dismissal if any information in this application is false or misleading, or if I have not disclosed any information requested in this application. I agree to abide by all Pearland Police Department and teen academy policies, rules, regulations, General Orders, and Standard Operating Procedures.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature  
(If Applicant is under 18 years of age)

\_\_\_\_\_  
Date

# PEARLAND POLICE TEEN CITIZEN POLICE ACADEMY

## *MEDICAL RELEASE/ TREATMENT AUTHORIZATION*

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I, \_\_\_\_\_, being the parent and /or legal guardian of \_\_\_\_\_  
\_\_\_\_\_, do hereby authorize the Pearland Police Department  
Teen Citizen Police Academy advisor(s) to act as an agent for the undersigned parent/guardian in  
the event of illness or injury occurring to my son/daughter while involved in activities related to my child's  
membership in the Pearland Police Teen Citizen Police Academy. I consent to the X-ray examination,  
anaesthesia and/or medical or surgical diagnostic procedures or treatment considered necessary in  
the best judgement of the attending physician and performed by or under the supervision of a member of  
the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious  
illness or injury, reasonable efforts to reach me will be attempted. This authorization shall remain effective  
as long as said youth participates with Pearland Police Teen Citizen Police Academy, unless revoked  
sooner in writing and delivered to the academy advisor.

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature  
(If Applicant is under 18 years of age)

\_\_\_\_\_  
Date

# PEARLAND POLICE TEEN CITIZEN POLICE ACADEMY

## *SENSITIVE MATERIALS AUTHORIZATION*

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Major components of the Law Enforcement Teen Citizen Police Academy Program include the Police, the Courts, and Corrections. Participants will be discussing real life situations that contain mature subject matter as it relates to the Criminal Justice process (e.g. homicide, gang activity, sexual assault, the death penalty, alcohol and drug abuse, domestic violence, etc.) All visual materials used in the classroom will be actual law enforcement training videos/pictures appropriate for the course. In addition, some videos taped from the major networks, the Public Broadcasting System, and various documentaries may be shown if in compliance with Federal copyright laws. Some videos may depict graphic violence, contain adult content, or adult language. All videos are of an instructional or educational nature and no videos (movies) are shown for entertainment purposes. All videos shown will be previewed by the instructor before use. Participants who believe a particular video to be offensive will be provided with the opportunity to complete another assignment in lieu of viewing the particular video.

I have read the above information pertaining to the Pearland Teen Police Academy program, and I approve of my child's participation in the program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature  
(If Applicant is under 18 years of age)

\_\_\_\_\_  
Date

# PEARLAND POLICE TEEN CITIZEN POLICE ACADEMY

## *MEDIA RELEASE*

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I hereby consent to and authorize the use of any and all photographs and/or video images taken during approved academy events and activities without compensation. I understand that any such photographs and/or recordings will be used solely for the Pearland Police Teen Citizen Police Academy public relations purposes.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature  
(If Applicant is under 18 years of age)

\_\_\_\_\_  
Date