



Applicants must be 18 years of age or older to attend Academy. No prior felony convictions.

This application is due no later than 30 days prior to the first day of class in order to be considered. There are only 20 openings in each academy class; therefore, not every applicant will be accepted. An eligibility list will be established for last minute cancellations. You will be notified the week prior to the start of class of the status of your application.

First	Middle
Age:	S.S#:
State: _	ZIP :
State: _	ZIP:
	□H □C Phone:
Relation:	Phone:
Occupation:	Phone:
	civic organizations, etc
	why should you be considered?
	Age: State: State: State: State: Cocupation: Community groups,





Please answer YES or NO to the following questions and provide explanations where needed.

1)	Do you have a valid driver's license? \Box YES \Box NO								
2)	Are you 18 years of age or older? □YES □NO								
3)	Do you have any special needs that require accommodations in order for you to participate in the program? \Box YES \Box NO If YES, please explain:								
4)	How did you hear about the citizen academy?								
5)	Do you know someone who has already completed a citizen's police academy before? \Box YES \Box NO If YES, who?								
6)	Have you ever applied for the academy before? \Box YES \Box NO If YES, please explain:								
7)	Have you ever been through another citizen's academy before? ☐YES ☐NO If YES, Where:								
8)	Are you interested in law enforcement as a career? \square YES \square NO								
9)) I understand this program is not the regular police academy but a program to familiarize me with my local Police Department and staff, and will not certify me as a Law Enforcement Officer. \Box								
• Ple	ease note: This application must be completed fully and signed. Any missing information will disqualify the applicant from consideration.								
	Email the completed application to police@ci.montgomery.tx.us or bring to:								
	101 Old Plantersville Rd. Montgomery, TX 77316								





If you are accepted as a student, you will receive instruction and educational materials related to the law enforcement mission of the Montgomery Police Department. As the material presented will be of a privileged or confidential nature and due to the sensitivity of the information, it is necessary for the Montgomery Police Department to conduct a background check to determine suitability of those persons desiring to attend the academy classes. Please answer the following questions as accurately and completely as possible. Any intentional misrepresentation or omission of facts will be grounds for denial of admission to the academy, or if already enrolled, immediate termination. A criminal history check will be made on all persons making application for enrollment. Class A and Class B Misdemeanor convictions will be accepted only on a case by case basis. No violent criminal offenses or felony convictions will be accepted.

Driver's License Number:	State:	
Do you go by any other names or aliases now If yes- Explain: (Do not include maiden name unless use	2	□Yes □No
Are you a member of, or ever been affiliated v If yes- Explain:	with a law enforcement agency?	□Yes □No
Have you ever lived outside of the U.S. (or its If yes- Explain:	territories) in excess of 90 days?	□Yes □No
Have you ever been convicted of a Class B, Claprobation for any offense? If yes- Explain:	ass A or Any Felony Offense, or are	you currently on □Yes □No
APPLICANT MUST CO	MPLETE THE FOLLOWING:	
I, hereby acknowledg	ge that I have completed the above appli	cation completely
and accurately to the best of my knowledge. I also ack	nowledge that the Montgomery Police D	epartment will
be conducting a background investigation on me to det	ermine my suitability for admission to th	is program.
Permission is hereby granted to perform a background application.	investigation based on the information g	iven in this
Signature of Applicant:	Date:	
☐ By clicking this box, I acknowledge the above statem	ent and choose to electronically submit	my application.





POLICE RIDE-ALONG RELEASE OF LIABILITY

WHEREAS, the undersigned has requested the privilege of accompanying members of the Montgomery Police Department in the carrying out of their official duties; and

WHEREAS, the undersigned is fully aware of the dangers and possible consequences of accompanying police officers in the administration of their duties, including personal injury or death; and

WHEREAS, the Montgomery Police Department is committed to developing a community awareness of functions and routine tasks of police officers in the course of their daily affairs:

NOW THEREFORE, in consideration of the privilege of being allowed to accompany various officers of the Montgomery Police Department in the carrying out of their official duties, I, the undersigned, covenant and agree with the City of Montgomery, the Montgomery Police Department, its police officers and all other officers, employees and agents of the City of Montgomery, that I will never institute or prosecute any claim, suit or action at law or otherwise against the City of Montgomery, nor its employees, nor will I institute, prosecute or in any way aid in the institution or prosecution of any claim, demand, action or cause or action for damages, loss or injury either to person or property, or both, which may arise or which I, my heirs, executors, administrators hereafter may have for or by reason of my participation in an on-site observation of the activities of the Montgomery Police Department. I further agree to indemnify and hold harmless all such parties against any claim or cause of action arising out of or related to any of my actions or failure to take action committed in the course of accompanying such officers.

THE UNDERSIGNED EXPRESSLY WAIVES ALL RIGHTS OF ACTION, CLAIMS AND DEMANDS AGAINST ALL PERSONS WHOMSOEVER CONNECTED TO THE CITY OF MONTGOMERY, TEXAS.

IN of	WITNESS	WHEREOF	, I	have	hereunto	set	my	hand	this	the		day
			, 20		•							
(Signature)			(Pri	(Printed Name of Applicant)								
	(Addres	s of Applicant	t)									
	(Signature of	`Witness or Is	suin	g Supe	rvisor)							