



El Paso Police Department
Youth Police Academy
Application for Enrollment



Applicant must be between 13 and 18 years of age and currently enrolled in middle school or high school to apply. Please be sure to complete the entire application.

Please print legibly.

Regional Commands, do not delay – please forward to PDHQ or send to askpd@elpasotexas.gov

Indicate which session you would like to attend:

	Sessions	
_____		Yes <input type="checkbox"/> No <input type="checkbox"/>
_____		Yes <input type="checkbox"/> No <input type="checkbox"/>
_____		Yes <input type="checkbox"/> No <input type="checkbox"/>

School:

Name of School: _____ Grade/Classification: _____

G.P.A.: _____ School Counselor or Teacher: _____

Personal:

Last Name: _____ First Name: _____ Mi.: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth(mm/dd/yyyy): _____ Home Phone: _____

Other Phone: _____ SSN last 4#: _____

Texas Drivers License or I.D. #: _____

Email Address: _____

Have you ever been closely associated with persons who have been involved in gang-like or other criminal activity? Yes No (If yes, please explain)

Are you employed? Yes No If yes where:

Business: _____ Address: _____



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Business Phone: _____ Supervisor: _____

Are you willing to abide by a dress code? Yes No

Please explain why you want to attend the Youth Police Academy:

Contact Information					
Mother/Father					
Home Address					
Business Name					
Business Address					
Business Phone		Home Phone		Cell Phone	

Emergency Contact Name				
Home Phone		Cell Phone		
Emergency Contact Name				
Home Phone		Cell Phone		



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Photo Release:

The El Paso Police Department and/or its representatives to include the El Paso Citizen Police Academy Alumni Association (circle one) MAY or MAY NOT use images taken of my child/dependent during this academy for recruiting or advertising purposes.

I understand that all information regarding my personal history will be used for the purpose of determining eligibility into the Youth Academy. I also understand that if I checked yes to question 1a, I am not automatically disqualified from participation with the Youth Police Academy. I certify that the information on this application is true and correct to the best of my knowledge and I understand that any false statement could lead to my/my child's dismissal from the Youth Police Academy.

 Student Signature

 Date

 Parent Signature

 Date



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It is further agreed that the execution of this "Waiver of Liability, Release and Hold Harmless Agreement" will not constitute a waiver by the City of El Paso of the defense of governmental immunity where applicable, or any other defense recognized by the courts of the State of Texas.

This "Waiver of Liability, Release and Hold Harmless Agreement" shall be binding upon me, my heirs and assigns.

 Parent Signature

 Date

THE STATE OF TEXAS)
 COUNTY OF EL PASO)

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose signature appears above and by me being duly sworn on oath says that he executed the above waiver for the purposes therein expressed.

Given under my hand and seal of office this _____ day of _____,
 20____.

 Notary Public in and for
 El Paso County, Texas