



Burleson Police Department 2010 Citizen Police Academy Application

(Participation is restricted to males or females age 18 or up)

First Name: _____ Last Name: _____

Birthdate: _____ Age: _____ SSN#: _____

Address: _____

City, State, and Zip: _____

Home Phone #: _____ Driver's License #: _____

Email Address: _____

List Two Emergency Contact Persons and Phone Numbers:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

List Any Medical Conditions You Have: _____

List Any Allergies You Have: _____

In Case of Emergency, To What Hospital Should You Be Taken: _____

You will need to attach the following items to this application:

(Incomplete applications will not be processed)

1. Completed Waiver form.
2. Completed Consent for Criminal Record Search form.

Date Received: _____

Approved: _____