



Montgomery County Sheriff's Office

Citizen Police Academy- Student Application

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

This application is due no later than 14 days prior to the first day of class in order to be considered. There are only 35 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.

Date of Application: _____

Name: _____
Last First Middle

Maiden Name: _____

Date of Birth: ____/____/____ Age: ____ S.S#: ____-____-____

Home Address: _____

City: _____ State: _____ ZIP: _____

Mailing address if different: _____

City: _____ State: _____ ZIP: _____

E-Mail Address: _____ ☐ H ☐ C Phone: ____-____-____

Emergency Contact: _____ Relation: _____ Phone: ____-____-____

Address: _____

Place of Employment: _____ Occupation: _____ Phone: ____-____-____

List all memberships in community groups, civic organizations, etc:

What is your objective in enrolling in the Citizen's Academy and why should you be considered?



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

- 1) Do you have a valid driver's license? ☐ YES ☐ 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? ☐ YES ☐ 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?
☐ YES ☐ NO If YES, who? _____
- 6) Have you ever applied for the academy before? ☐ YES ☐ 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? ☐ YES ☐ NO
- 9) I understand this program is not the regular police academy but a program to familiarize me with my sheriff's office and staff, and will not certify me as a Law Enforcement Officer. ☐

This application may be submitted via email as long as every blank is completed, and the electronic acknowledgment is clicked on the background authorization page, or it may be mailed or hand delivered to the Montgomery County Sheriff's Office at the address below.

Mail or bring your application to:

MONTGOMERY COUNTY SHERIFF'S OFFICE
ATTN: Sergeant Steve Squier
#1 Criminal Justice Drive
Conroe TX 77301

Contact Information: Sergeant Steve Squier (936) 539-7867 Email: mcsocpa@mctx.org



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If you are accepted as a student, you will receive instruction and educational materials related to the law enforcement mission of the Montgomery County Sheriff's Office. 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 County Sheriff's Office 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 or have you in the past? ☐ Yes ☐ No

If yes- Explain: (Do not include maiden name unless used in the last 5 years.)

Are you a member of, or ever been affiliated with a law enforcement agency? ☐ Yes ☐ No

If yes- Explain:

Have you ever lived outside of the U.S. (or its territories) in excess of 90 days? ☐ Yes ☐ No

If yes- Explain:

Have you ever been convicted of a Class B, Class A or Any Felony Offense, or are you currently on probation for any offense? ☐ Yes ☐ No

If yes- Explain:

APPLICANT MUST COMPLETE THE FOLLOWING:

I, _____ hereby acknowledge that I have completed the above application completely and accurately to the best of my knowledge. I also acknowledge that the Montgomery County Sheriff's Office will be conducting a background investigation on me to determine my suitability for admission to this program. Permission is hereby granted to perform a background investigation based on the information given in this application.

Signature of Applicant: _____ Date: _____

☐ By clicking this box, I acknowledge the above statement and choose to electronically submit my application.



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I, THE UNDERSIGNED _____, a person who is 18 years of age or older, understand that the County of Montgomery, the Montgomery County Sheriff's Department, its employees, agents and assign, will assume no liability of any kind at all for any personal injuries, death or property damage or any other claim that may be sustained by myself while in any facility or on any property owned by Montgomery County, including riding in any county owned vehicle operated by a county employee.

I understand that by my signature below I am waiving and abandoning any and all legal rights I may have to sue, on any basis, including but not limited to claims or causes of actions, negligence, fault, or failure to exercise ordinary care on the part of the employee with whom I may be riding or accompanying on county owned facilities or property.

I understand that the employee will be performing his/her duties without regard to my presence, and that I will be entering into secured areas where inmates are housed, and that among the risks are the possibilities of the use of firearms by employees of the Sheriff's Office or others, other weapons use, assaults, exposure to body fluids of unknown persons, exposure to air contaminants in an enclosed correctional facility, exposure to inmate conduct and language which may be construed as obscene, vulgar, or otherwise inappropriate.

I UNDERSTAND THAT THIS WAIVER BINDS MY HEIRS AND ASSIGNS NOW AND IN THE FUTURE.

SIGNATURE OF PARTICIPANT

DATE

EMERGENCY NOTIFICATION

(You must complete the below requested information)

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

NAME

ADDRESS

PHONE NUMBER

CITY, STATE, ZIP