



Application for the Cibolo Police Department Cibolo Citizen's Patrol

Citizens on Patrol I Date: _____ Citizens on Patrol II Date: _____

I have attended the Citizen's Police Academy. Year: _____

Name (Last, First, MI): _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail _____

Date of Birth: _____ DL#: _____ State DL #: _____

Occupation: _____

Current Employer: _____

Employer Address: _____

Emergency Contacts

Name & Relationship _____

Address: _____ Phone: _____

Medical Conditions _____ Allergies to medication _____

How did you hear about us? _____

What is your objective for attending Citizens on Patrol? _____

Have you ever been convicted of a felony or are you currently on probation/parole for any offense? _____

If yes, please explain: _____

If you are accepted as a student in the Citizens on Patrol, you will receive instruction and educational materials related to the law enforcement mission of the Cibolo Police Department. As such, some of the material presented will be of privileged or confidential nature. Due to the sensitivity of this information, it is necessary for the Cibolo Police Department to conduct background checks to determine the suitability of persons desiring to attend classes. Please be sure to have answered all questions as completely and accurately as possible. Any intentional misrepresentation or omission of facts will be grounds for denial of admission to the class, or if already enrolled, immediate termination. A CRIMINAL HISTORY CHECK WILL BE MADE ON ALL PERSONS APPLYING FOR ENROLLMENT IN CITIZENS ON PATROL.

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 Cibolo Police Department will be conducting a background investigation on me to determine my suitability for admission to this program. Permission is hereby granted to conduct a background investigation based on the information provided in this application.

Signature: _____ Date: _____

Applications may either be mailed to the Cibolo Police Department at 162 Loop 539 E, Cibolo, TX 78108; scanned and emailed to the Cibolo Police Department Crime Prevention Unit at CPU@cibolotx.gov; or faxed to (210) 659-1080.