



BEDFORD POLICE DEPARTMENT

Citizens Police Academy Application Form

Mr. _____ Ms. _____

Full Name: _____
(Last, First, Middle)

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Alternate Phone: (____) _____

Date of Birth: _____ Drivers License#: _____

Place of Employment: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Occupation Title: _____

Shirt Size XS S M L XL XXL XXXL

I understand by signing below that the information above will be verified and a background check completed by the Bedford Police Department for the purpose of checking my criminal history record so that I **MAY** be selected to participate in the Citizens Police Academy and Police Ride-Along program.

I also understand my criminal history background **MAY** disqualify me from being selected to attend the Citizens Police Academy. By signing below, I give my consent to the Bedford Police Department to check my criminal history record for the purpose of being selected to attend the Citizens Police Academy and Ridge-Along program. This information is to remain confidential to the Bedford Police Department.

I authorize the Bedford Police Department to conduct a criminal history background check on myself for the purpose of the selection process and ability to attend the Citizens Police Academy and Ride-Along program.

Signature

Date

**Submit application to Community Services Division at 2121 L. Don Dodson Drive,
Bedford, Texas 76021.**