





El Paso Police Department  
 Citizen Police Academy  
 Application for Enrollment



**Emergency Contacts:**

List two immediate family members or friends that we can contact in the event of an emergency.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Special Accommodations:**

Please let us know of any special accommodations required due to any disability or illness.

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**Additional information:**

Please let us know how you heard about our program.

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Tell us why you would like to join the Citizen Police Academy?

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