

## BUDA POLICE DEPARTMENT 2023 CITIZENS POLICE ACADEMY APPLICATION

All student applications must be completed and returned to the Buda Police Department in order to be considered. There are only 24 openings in each academy class, therefore, not every application will be accepted. An eligibility list will be established for last minute cancellations and openings in future academy classes.

APPLICATIONS MUST BE RECEIVED BY MARCH 1, 2023

Name (Last, First, Middle)	Date of Birth	Date of Application
Mailing Address	City, State, Zip Code	
Physical Address	City, State, Zip Code	
Email Address	Home Phone	Cell Phone
Place of Employment	Occupation	Work Phone
Membership(s) in community groups, civic organizations, etc.		
How did you hear about the Buda Citizen's Police Academy?		
What is your objective in enrolling in the Citizen's Academy and why should you be considered?		

If accepted as a student, you will receive materials related to the law enforcement mission of the Buda Police Department. Due to the sensitivity of this information, it is necessary for the Buda Police Department to conduct background checks to determine the suitability of those persons desiring to attend academy classes. Please answer the following questions as accurately 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 from the program. A criminal history check will be made on all persons enrolling in the Buda Citizens Police Academy.

Driver License State and Number	Social Security Number	
Do you go by any other names or aliases now or have you in the past? If yes, explain (Do NOT include maiden names unless used in the past 5 years):	Yes	No
Are you a member of, or have you ever been affiliated with a law enforcement agency? If yes explain:	Yes	No
Have you lived outside of the United States or its territories in excess of 90 days? If yes explain (Do NOT include military):	Yes	No
Have you ever been convicted of a felony or are you currently on probation/parole for any offense? If yes explain:	Yes	No
Name and telephone number of person to contact in an emergency:	Relationship:	

**APPLICANT MUST COMPLETE THE FOLLOWING:**

I \_\_\_\_\_ hereby acknowledge that I have completed the above application completely and accurately to the best of my ability. I also acknowledge that the Buda 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 on information given in this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**SUBMIT TO: Buda Police Department  
Community Affairs Division  
Attention: Officer Freddy Erdman  
405 East Loop Street, Bldg. 200, Buda, Texas 78610  
Email: [aerdman@budatx.gov](mailto:aerdman@budatx.gov)  
512-523-1050**

**RELEASE FROM LIABILITY**

**STATE OF TEXAS**

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**COUNTY OF HAYS**

In consideration of the permission given to me to participate in the Citizens Police Academy (“Academy”) by the Buda Police Department (“Department”) of the County of Hays (“County”), City of Buda (“City”) I \_\_\_\_\_, assume all risk or personal injury or death and property damage or loss from whatever causes in connection with my participation in the Academy, and I WILL HOLD HARMLESS THE DEPARTMENT, THE CITY AND ANYONE FOR WHOSE ACTS THE DEPARTMENT AND CITY MAY BE LIABLE, FROM ALL DAMAGES, CLAIMS, LOSSES, DEMANDS, SUITS, JUDGMENTS, COSTS, INCLUDING REASONABLE ATTORNEY’S FEES, AND EXPENSES ARISING OUT OF OR RESULTING FROM MY PARTICIPATION IN THE ACADEMY. I fully understand and acknowledge that the work of the Buda Police Department is inherently dangerous.

My undertakings and waivers in the Release from Liability are in consideration of being allowed to participate in the Academy.

Signed, this \_\_\_\_\_ day of \_\_\_\_\_, 2023

\_\_\_\_\_  
Signature

**STATE OF TEXAS**

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**COUNTY OF HAYS**

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2023

Notary Public Stamp

\_\_\_\_\_  
Notary Public, State of Texas



# Photo / Video Release Form

I am the person whose name is subscribed below:

\_\_\_\_\_  
[First Name] [MI] [Last Name]

And / Or, I am the [parent / legal guardian] of:

\_\_\_\_\_  
[First Name of Minor] [MI] [Last Name] [Age]

a minor (under the age of 18). I have full authority to agree to and execute this release. I hereby authorize the City of Buda (Buda) and its employees, authorized agents or contractors to take photographs and/or video of me and / or the said minor at the event(s) described below:

BUDA POLICE DEPARTMENT - CITIZENS POLICE ACADEMY  
[Name of Event / Virtual Activity]

MARCH 23, 2023 – JUNE 8, 2023  
[Date(s) of Event / Virtual Activity]

BUDA POLICE DEPARTMENT TRAINING ROOM – IN PERSON  
[Event Location or Format]

I also give my consent for all photographs and/or video taken of me and / or the aforementioned minor during the aforementioned event(s) to be published by the City of Buda in unrestricted hard copy and electronic formats, with the understanding and agreement that the photographs and video may be included in City of Buda publications, social media, electronic communications and other marketing materials.

I further acknowledge that neither I nor the minor will receive financial compensation of any kind associated with the taking or publication of these photographs or video used or not used in the City of Buda’s publications, social media, electronic communications and other marketing materials. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. **Photos/videos are not used for profit purposes.**

I hereby release the City of Buda, its contractors, its employees, and any third parties involved in the creation or publication of City of Buda publications, social media, electronic communications and other marketing materials, from liability for any claims by me, the minor or any third party in connection with my or the minor’s participation.

**Authorization:**

Printed Name of Minor: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_  
[Adult/Parent/Guardian Signature] [Date]

\_\_\_\_\_[parent/ legal guardian] SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE CITY OF BUDA, AND ALL PERSONS ACTING UNDER ITS PERMISSION OR AUTHORITY, FROM ANY CLAIM OR CAUSE OF ACTION, NOW KNOWN OR LATER DISCOVERED, FOR, AMONG OTHER THINGS, INVASION OF PRIVACY, RIGHT OF PUBLICITY, AND DEFAMATION ARISING OUT OF THE USE OF [PHOTOGRAPH], INCLUDING ANY ACTION, SUIT, CLAIM, DAMAGES, LIABILITY, COSTS, AND/OR EXPENSES (INCLUDING REASONABLE ATTORNEYS’ FEES).