

Weatherford Police Department Community Police Academy Applicant Personal History Statement

CONFIDENTIAL



Academy Date: March 5 - April 9

Thursdays from 6pm - 9pm

(excluding March 19)

Application Deadline: February 12, 2026

Name:

Applicant phone:

Applicant email:



Weatherford Police Department Community Police Academy

The Weatherford Police Department is excited to invite our community to apply for the upcoming Community Police Academy. This free, five-week program is designed to give adults a behind-the-scenes look at public service and policing in Weatherford. Classes are held on Thursday evenings and are open to community members who are 18 years of age or older and not currently in high school.

The Academy will run from March 5 through April 9, 2026, meeting each Thursday from 6:00 to 9:00 pm, with the exception of Spring Break on March 19. Space is limited this year, so interested applicants are encouraged to apply as soon as possible.

Our goal is to build stronger connections between the Police Department and the community we serve. Participants can expect a fun, informative, and interactive experience that includes engaging presentations and hands-on activities led by Weatherford Police Department staff.

Because each class builds on the last, full participation is important. Accepted participants are expected to attend all sessions in order to receive a graduation certificate. We encourage applicants to carefully review the application and program expectations before applying.

Please complete and return the required application to the Weatherford Police Department at 614 Fort Worth Highway, Weatherford, TX 76086. Applications must be complete and legible to be considered. Submitting an application before the deadline does not guarantee acceptance into the Academy.

If you have any questions or would like more information, please contact Lieutenant Tiffany Vanzant at (682) 229-2612 or tvanzant@weatherfordtx.gov.

We look forward to learning together and continuing to build strong relationships with our community.



Weatherford Police Department Community Police Academy

READ THESE INSTRUCTIONS CAREFULLY BEFORE STARTING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for the Community Police Academy.

The Personal History Statement should be printed legibly in **INK, or form filled electronically**. Answer all questions to the best of your ability. If a question is not applicable to you, enter N/A in the space provided.

Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.

If there is insufficient space on the form for you to include all required information, attach an extra sheet to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.

An accurate and complete form will help expedite your investigation.

Deliberate omissions or falsifications may result in disqualification.

Return the Personal History Statement and all related paperwork to the Weatherford Public Safety Building located at 614 Fort Worth Hwy Weatherford, TX 76086. Although a deadline is posted for the submission of all required documents, early submission is desirable as it allows more time for the application processes.



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BACKGROUND WAIVER

A background investigation may be conducted into your personal history. This questionnaire will be used for those who will be considering you for selection with the Weatherford Police Department Community Police Academy. Where written explanations are required on this form, it is MANDATORY that the information be listed ACCURATELY and COMPLETELY. If the questionnaire is not completed properly, your application will not be considered.

Furthermore, I understand that I will not receive, and I am not entitled to, a copy of the background report or to know its contents, and that the contents will be used in the evaluation process for selection with the Weatherford Police Department Community Police Academy. I also understand that no document submitted by me will be returned and no copies of any other reports or documents utilized for or during my application process for selection will be furnished or given to me.

I FULLY AND COMPLETELY UNDERSTAND THAT I WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION.

Applicant Signature

Printed Name

Date



Weatherford Police Department Community Police Academy

A. APPLICANT IDENTIFICATION – The information provided in this section is for identification and notification.

NAME:

Last

First

Middle

ADDRESS:

Street

City

State

Zip

HOME or CELL PHONE NUMBER:

OTHER NUMBERS WHERE YOU CAN BE REACHED:

DATE OF BIRTH:

PLACE OF BIRTH:

ARE YOU A U.S. CITIZEN?

YES

NO

DRIVER'S LICENSE/ID NUMBER

STATE

TYPE

NICKNAME(S), MAIDEN NAME, OR ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:



Weatherford Police Department Community Police Academy

B. ARRESTS, DETENTION, AND LITIGATION

Have you ever been arrested or summoned to court?

Yes

No

OFFENSE CHARGED	POLICE AGENCY CITY/STATE	DATE	DISPOSITION
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Weatherford Police Department Community Police Academy

C. TRAFFIC RECORD

List ALL traffic citations you have received in the last 3 years, excluding parking tickets. **DO NOT EXCLUDE CITATIONS IN WHICH YOU HAVE TAKEN DEFENSIVE DRIVING.**

MONTH & YEAR	CHARGE	CITY & STATE	DISPOSITION
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List any traffic accidents in which you have been involved as the driver, during the last 3 years. Include dates and locations, city and state, and describe what happened.



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*****Admitted drug and/or alcohol use will not necessarily disqualify you from the application process, but omission or falsification will disqualify you*****

D. DRUG/ ALCOHOL USE

Use the reverse side if more space is needed to explain YES answers. Method pertains to how the substance was used (i.e. ingestion, injection).

Mark a check next to the answer boxes and substances used.

1. Have you ever tried or used an illegal narcotic, prescription drug, or dangerous drug, either in pill form or by injection, or any other manner of ingestion or inhalation, that was not prescribed specifically to you? YES NO

If "Yes", explain...

2. Have you ever used, been given, or sold prescription drugs, marijuana, or illegal narcotics or dangerous drugs? YES NO

Marijuana

Date First Used:

Date Last Used:

Method:

Cocaine

Date First Used:

Date Last Used:

Method:

Methamphetamine

Date First Used:

Date Last Used:

Method:

Heroin

Date First Used:

Date Last Used:

Method:

3. Have you ever committed any illegal activity while under the influence of alcohol or an illegal drug? YES NO

If "Yes" then explain...



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E. Personal Website and Bios

Please list every personal website, profile/bio page that you currently use or have ever used in the past. (for example, TWITTER, PINTEREST, FACEBOOK, ETC.) Please list the domain and screen/user name.

Domain:

Screen/User name:

Domain:

Screen/User name:

Domain:

Screen/User name:

Domain:

Screen/User name:

Domain:

Screen/User name:

Domain:

Screen/User name:

Domain:

Screen/User name:



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F. REFERENCES – List two persons who know you well enough to provide current information about you. DO NOT list relatives.

Name	Home Phone		
Address			
City	State	Zip	
Business Name	Phone		
Business Address			
City	State	Zip	
Hours of Work	Years Known		

Name	Home Phone		
Address			
City	State	Zip	
Business Name	Phone		
Business Address			
City	State	Zip	
Hours of Work	Years Known		

[illegible]



Weatherford Police Department Community Police Academy

Describe in your own words why you want to be a part of the Weatherford Police Department Community Police Academy:



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****Absent any unforeseen emergencies, are you able to commit to attending the entire Academy****

Yes No

T-shirt size: S M L XL XXL

Please ensure the following are attached to this packet.

1. Copy of State ID or State DL (if applicable)

For any questions regarding this packet, please contact
Lieutenant Tiffany Vanzant at 682-229-2612 or
tvanzant@weatherfordtx.gov.



Weatherford Police Department Community Police Academy

WEATHERFORD POLICE DEPARTMENT RELEASE AND WAIVER OF LIABILITY FOR THE COMMUNITY POLICE ACADEMY

I _____, agree to participate in the Weatherford Police Department Community Police Academy (the "Academy"), including participating in simulated traffic stops and building searches, exposure to crime scene images that may be graphic in nature and may include images from investigations into violent crimes, riding as a guest and voluntary observer in a police patrol vehicle, and accompanying an All or officers of the Weatherford Police Department on patrol and in the exercise of their duties, including but not limited to training exercises and competitions. With full knowledge and understanding of the inherent dangers of police work in general and vehicle operation specifically, including but not limited to motor vehicle accidents, vehicular pursuits, foot pursuits, apprehension of suspects, answering calls for assistance from citizens and other officers, and further recognizing the distinct and inherent possibility of physical danger, harm, accidents, and injuries which may result from such activities, I do hereby agree, to participate in activities associated with the Program.

I DO HEREBY AGREE TO ASSUME ANY AND ALL RISKS ATTENDANT TO SUCH ACTIVITIES WHETHER OCCURRING ON PUBLIC OR PRIVATE PROPERTY, WHICH MIGHT AFFECT ME IN ANY MANNER WHATSOEVER AND DO HEREBY RELEASE AND AGREE TO HOLD HARMLESS THE CITY OF WEATHERFORD, ITS POLICE DEPARTMENT, OFFICERS, AGENTS, AND EMPLOYEES, IN BOTH THEIR PUBLIC AND PRIVATE CAPACITIES, FROM ANY DANGER, PERSONAL INJURY, LIABILITY, CLAIMS, SUITS, DEMANDS OR CAUSES OF ACTION BELONGING WHICH MAY ARISE IN ANY MANNER WHATSOEVER FROM SUCH ACTIVITIES OR ON ACCOUNT OF THE COMMUNITY POLICE ACADEMY, INCLUDING DAMAGES, PERSONAL INJURY, LIABILITY, CLAIMS, SUITS, DEMANDS OR CAUSES OF ACTION WHICH ARISE FROM THE NEGLIGENCE OR ACTS OR OMISSIONS OF THE CITY OF WEATHERFORD, ITS POLICE DEPARTMENT, OFFICERS, AGENTS OR EMPLOYEES.

I further consent to the taking of photographs, videotape, or other visual reproductions of participation in the Academy, and to the use of such visual reproductions in any media or print format, publication, or promotion related to the Academy, including but not limited to dissemination on social media platforms with or without the use names.

It is further understood and agreed that the execution of this release shall not constitute a waiver by the City of Weatherford, its officers, agents, or employees of the defense of governmental or official immunity, where applicable, or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

Continue to the following page



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By signing this Authorization/Release Affidavit, I certify that I am in good physical health and condition and is capable of mild physical activity. If I am the subject of serious injury or illness while participating in the Academy, I hereby grant my permission to receive emergency medical treatment as recommended by the attending physician.

I acknowledge and understand that while participating in the Program that I will be under the direction and supervision of the law enforcement officers of the Weatherford Police Department and that I will be expected to obey all directions given by the officers and/or supervisors. I further understand that the Weatherford Police Department reserves the right to dismiss any participant from the Academy at any time for any reason, including failure to comply with instructions or directions given by the officers and/or supervisors.

I certify that I have read the foregoing instrument, that I understand its terms and conditions, that I make this release and waiver voluntarily, and that I have not relied upon any representations made by the City of Weatherford, or its officers, agents, or employees in signing this release. It is understood that this permission and release is given by me individually. I further certify that I understand that in making this waiver of liability I am making a decision of substantial significance concerning myself.

PRINTED NAME:

SIGNATURE:

If you are an adult 18 years of age or older, this form is to be signed by the Academy Applicant.

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on this the ____ day of _____, 20__.

Notary Public



Weatherford Police Department Community Police Academy

OPTIONAL HEALTH HISTORY INFORMATION

This information is optional but will assist the Academy in ensuring the safety of all involved.

Are you allergic to any medications? Yes No

If yes, list medications you are allergic to:

Do you have any illness or conditions that may prevent you from taking part in the Academy activities?

Yes No

If yes, please explain:

Are you taking any medications on a regular basis? Yes No

If yes, please list the medication and dosage:

Do you have any hearing impairments? Yes No

Have you ever been diagnosed with a mental or nervous disorder? Yes No

If yes, please explain:

The information in this packet is accurate to the best of my knowledge.

PRINTED NAME:

SIGNATURE:

This line should **ONLY** be completed if the applicant refused to complete the health history information form:

Refused to provide information

PRINTED NAME:

SIGNATURE:



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HEALTH HISTORY INFORMATION

Do you have, or have you ever had the following:

Asthma

Diabetes

Fainting Spells

Heart Trouble

Convulsions

Bleeding Disorders

Any conditions that may require special care, medication, or diet

If yes to any of the above explain:

Any restriction of activity for medical reasons?