



BASIC PEACE OFFICER SPONSORSHIP

East Texas Police Academy



Date: _____
Sponsoring Agency: _____
Agency Administrator: _____
Agency Phone Number: _____

Applicant Name (L, F, MI): _____
Applicant SSN: _____
Applicant PID: _____
Applicant Phone Number: _____

BPOC Location: _____ Day / Night
BPOC Course Dates: _____

=====

I certify that the applicant listed on this sponsorship form is:

[] **Employed:** Exists when the agency hires and maintains employment of the student during the BPOC. The student must be employed full-time or part-time by a law enforcement agency during a monthly payroll period. This sponsorship qualifies for 100% of COG funding of tuition. If the employing agency is not a law enforcement agency, the employment situation must be discussed and written approval must be given by the respective COG Criminal Justice Coordinator or COG Executive Director in order to qualify for Employed Sponsorship status/funding.

Employment is considered to be **full-time** if the student would be eligible for benefits as provided under T.A.C. Title 28 §26.4 (14). Employment is considered to be **part-time** if the student receives financial compensation for the services they provide to the agency on a regular or irregular basis, provided that the student provides those services and is compensated for them every calendar month while they are enrolled in the course.

If a student is registered through "Employed Sponsorship" status and he/she does not complete the course, the sponsoring agency will be billed for the course. Therefore, ETCOG/ATCOG will not be responsible for tuition payment upon the student's separation.

Signature of Sponsoring Official _____
Date

Sworn to me and subscribed before me, this the ____ day of _____, _____

Notary Public in and for the State of Texas Printed name of Notary Public

My commission expires: _____
_____/_____/_____
Signature of Notary Public Seal or Stamp

DECLARATION OF LICENSING COURSE ENROLLMENT ELIGIBILITY

Pursuant to Rule 217.1 of the Texas Commission on Law Enforcement (TCOLE), a training provider is required to maintain, on or before the first day of any licensing course, documented evidence establishing that each student satisfies all eligibility requirements for licensure.

Training providers conducting licensing courses for students unaffiliated with a law enforcement agency or for their own personnel, shall ensure that all required documentation is on file and readily accessible for review.

Training providers conducting licensing courses for students affiliated with a law enforcement agency, with consent of its Advisory Board, may either retain copies of the required documentation furnished by the employing agency or utilize this Declaration of Licensing Course Enrollment Eligibility form as sufficient proof of compliance with Rule 217.1.

Training Academy: EAST TEXAS POLICE ACADEMY Academy Number: 511256

Employing/Appointing Agency: _____

Trainee's Name: _____ PID Number: _____

The above-named person (check one):

is currently hired as a jailer cadet;

is currently hired as a police cadet;

is currently licensed and hired by this agency as a peace officer, telecommunicator or jailer and seeking an additional licensed position within this agency;

is currently hired as a telecommunicator or jailer, and 1) has a temporary license, or 2) does not have a temporary license solely due to Occupations Code 1701.310(b).

I _____, certify that our agency has on file documented proof that the above-mentioned individual meets all the minimum eligibility requirements for the license being sought, as required by Commission Rule 217.1. (Attach Checklist)

HIRING AGENCY ADMINISTRATOR SIGNATURE SECTION (Must be completed and signed by the agency head or designee.)

As head of the agency, or his/her designated representative, I am endorsing this official government record which certifies, subject to civil and criminal penalties, it has been filled out with true and correct information. I also attest that the applicant has met all the requirements for enrollment and licensure as required by Commission Rule 217.1 without exception. I understand that our agency shall provide copies of all required eligibility documents to the enrolling academy or TCOLE representatives upon request.

I certify that our agency has on file documented proof that the above-mentioned individual was fingerprinted and subjected to the DPS FACT Clearinghouse to disclose any criminal record.

Printed Chief Administrator's (or designee) Name, Title Signature of Administrator (or designee) Date

State of Texas, County of _____ Sworn and subscribed before me, on the ____ day of _____, 20__

Notary public in and for the State of Texas.

My commission expires ___/___/___ Notary Public's Signature _____ Notary stamp/seal _____

DECLARATION OF LICENSING COURSE ENROLLMENT ELIGIBILITY

APPLICANT SIGNATURE SECTION (Must be completed and signed by the trainee.)

As the trainee, I am endorsing this official government record to certify, subject to civil and criminal penalties, that all its contents are true and correct. I also confirm that I currently meet all the requirements for enrollment as required by Commission Rule 217.1 without exception.

Printed Applicant's Name

Signature of Applicant

Date

State of Texas, County of _____ Sworn and subscribed before me, on the ___ day of _____, 20____

Notary public in and for the State of Texas.

My commission expires ___/___/___ Notary Public's Signature _____ Notary stamp/seal _____

TEXAS COMMISSION ON LAW ENFORCEMENT

Appointing Agency Audit Checklist

Employee:		PID:	
New Licensee	180 Days or Less Break in Service	More Than 180 Day Break in Service	
<input type="checkbox"/> Personal History Statement (PHS) <input type="checkbox"/> F-5R (filled out, signed & dated) <input type="checkbox"/> National Decertification Index (NDI) <input type="checkbox"/> BCF (Required for appts on or after 1/1/22) <input type="checkbox"/> L-2 (drug screen/medical exam for PO's & Jailers. Drug screen only for telecommunicators.) <input type="checkbox"/> L-3 (psychological evaluation) <input type="checkbox"/> DPS/FBI Fingerprint Return* <input type="checkbox"/> Proof of Citizenship <input type="checkbox"/> Proof of Education <input type="checkbox"/> Military Discharge (DD-214) <input type="checkbox"/> Certified Copy of Court Disposition** <input type="checkbox"/> Official record of annual firearms qualification within the last 12 months. (Applies to Peace Officers only) <input type="checkbox"/> L-1 / L1-T (sign & notarize pages 1 & 2. Don't submit until <u>ALL</u> required documents listed above are in place)	<input type="checkbox"/> Personal History Statement (PHS) <input type="checkbox"/> F-5R (filled out, signed & dated) <input type="checkbox"/> National Decertification Index (NDI) <input type="checkbox"/> BCF (Required on or after 1/1/22) <input type="checkbox"/> CCH (TCIC-NCIC) <input type="checkbox"/> DPS/FBI Fingerprint Return* <input type="checkbox"/> Military Discharge (DD-214) <input type="checkbox"/> Certified copy of court disposition** <input type="checkbox"/> Official record of annual firearms qualification within the last 12 months. (For peace officers only) <input type="checkbox"/> L-1 / L1-T (sign & notarize pages 1 & 2. Don't submit until <u>ALL</u> required documents listed above are in place)	<input type="checkbox"/> Personal History Statement (PHS) <input type="checkbox"/> F-5R (filled out, signed & dated) <input type="checkbox"/> National Decertification Index (NDI) <input type="checkbox"/> BCF (Required for appts on or after 1/1/22) <input type="checkbox"/> L-2 (drug screen - required for <u>all</u> licensees) <input type="checkbox"/> L-3 (psychological evaluation) <input type="checkbox"/> CCH (TCIC-NCIC) <input type="checkbox"/> DPS/FBI Fingerprint Return* <input type="checkbox"/> Military Discharge (DD-214) <input type="checkbox"/> Certified Copy of Court Disposition** <input type="checkbox"/> Official record of annual firearms qualification within the last 12 months. (Applies to Peace Officers only) <input type="checkbox"/> L-1 / L1-T (sign & notarize pages 1 & 2. Don't submit until <u>ALL</u> required documents listed above are in place)	

All required documents must be completed prior to submitting the L-1 form. Failure to properly document all pre-appointment requirements listed above is a violation of state law punishable by fine (up to \$1,000 per day, per violation) and/or imprisonment (see TOC 1701.507 and 553).

The BCF must be electronically submitted and approved BEFORE an L-1 form is entered in TCLEDDS. Otherwise, the L-1 form will be rejected.

*Fingerprint check requests should be submitted through F.A.S.T. Texas DPS still accepts hard-copy 10-print cards by mail. However, it takes a lot longer for them to be processed and mailed back. Use of a Live Scan fingerprinting system requires preapproval from Texas DPS. To set up a F.A.S.T. account, contact DPS at 512-424-2365, choose option 6. To validate your agency's Live Scan contact DPS at livescan@dps.texas.gov.

**A certified court disposition is required for any criminal charge listed on a CCH (includes class B misdemeanors or higher, and/or any class C misdemeanor arrest, charge, indictment, or written summons (ticket) stemming from any incident involving family violence).

ALL AUDITABLE DOCUMENTS MUST BE KEPT TOGETHER IN A SECURE BUT EASILY ACCESSIBLE FOLDER SEPARATE FROM PERSONNEL FILES OR OTHER UNRELATED DOCUMENTS. THE FILE MUST BE RETAINED FOR A MINIMUM OF FIVE (5) YEARS AFTER TERMINATION OF APPOINTMENT. FOR MORE INFORMATION, CONTACT YOUR REGIONAL FIELD SERVICE AGENT.



EAST TEXAS POLICE ACADEMY

1104 Brook Drive
Kilgore, TX 75662
903-983-8663
www.kilgore.edu

Authorization to Release Information

I, the undersigned _____, hereby authorize the East Texas Police Academy ("East Texas Police Academy" includes all agents and employees of Kilgore College assigned to the East Texas Police Academy, or their lawful designees) to obtain any information from my present or former employers and their employees and representatives related to my employment and job performance. I hereby direct my present or former employers and their employees and their representatives to release such information upon request to the East Texas Police Academy, either verbally or in writing. I understand that the information released is for use by the East Texas Police Academy and may be disclosed to third parties as the East Texas Police Academy deems necessary. I hereby fully waive any rights or claims I have or may have against my present and former employers and the East Texas Police Academy and their officials, employees, representatives and agents from any and all liability claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

The intent of this authorization is to give my full consent for full and complete disclosure of the records of educational institutions; financial or credit institutions (including records of loans); employment and pre-employment records (including background reports); social networking sites; efficiency ratings; complaints or grievances filed by or against me; military records; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either civil or criminal, in which I have, or have had an interest.

I also certify that any person(s) who may furnish information concerning me shall not be held legally accountable for providing information in any way, and I do hereby release said person(s) from any and all liability, including liability for any negligent act of any such party furnishing such information which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

APPLICANT'S
SIGNATURE _____ DATE _____

BEFORE ME, _____, A NOTARY PUBLIC, ON THIS DAY PERSONALLY APPEARED
_____, KNOWN TO ME (OR PROVED UNDER OATH OF OFFICE) TO BE THE PERSON
WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE
EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATIONS THEREIN EXPRESSED.

GIVEN UNDER MY AND SEAL OF OFFICE THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC, STATE OF TEXAS

PRINTED NAME

MY COMMISSION EXPIRES: _____

EAST TEXAS POLICE ACADEMY -- STUDENT REGISTRATION FORM

STUDENT INFORMATION:

NAME: _____ PID NO: _____
(LAST) (FIRST) (MI)

SSN: ____/____/____ HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____ COUNTY OF RESIDENCE: _____

CELL PHONE: _____ BUSINESS PHONE: _____

STUDENT'S LAW ENFORCEMENT AGENCY: _____

GENDER: MALE / FEMALE BIRTHDATE: ____/____/____ ARE YOU A U.S. CITIZEN? YES / NO
(Circle one) MM DD YYYY (Circle one)

Are you Hispanic or Latino? YES / NO (Circle one)
(Cuban, Mexican, Puerto Rican, South/Central American, or Other Spanish culture or race, regardless of race?)

RACIAL CATEGORIES _____ White _____ American Indian / Alaskan Native
(check all that apply): _____ Black or African American _____ International or Non-Resident
_____ Asian _____ Native Hawaiian or Other Pacific Islander

COURSE INFORMATION:

COURSE TITLE: _____ ETPA COURSE NO: _____

START DATE: ____/____/____ END DATE: ____/____/____ NO. OF HOURS: _____
MM DD YYYY MM DD YYYY

COURSE LOCATION: _____ COURSE INSTRUCTOR: _____

BILLING INFORMATION: (Instructor has ATCOG / ETCOG Agency Lists)

TUITION AMOUNT: \$ _____ CASH: \$ _____ CHECK/M.O.: \$ _____ / _____ CREDIT CARD: \$ _____
(Amount) (Check or Money Order Number)

BILL ATCOG: \$ _____ BILL ETCOG: \$ _____ *BILL AGENCY: \$ _____ BILL VA: \$ _____ (GI BILL / POST 911)
(Circle which VA Payment Type)

* A billing agreement must be in place between ETPA and your agency before we can bill your agency for training provided. Your instructor has a list of agencies with billing agreements in place. If you are not sure, please ask.

I certify that the information on this application is complete and correct. I further certify that in the event there are any financial holds placed on me by Kilgore College, I will not be able to register for this course and TCOLE Credit for this course WILL NOT be given.

STUDENT SIGNATURE: _____ DATE: _____

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected from this form.

Kilgore College and the East Texas Police Academy seek to provide equal educational and employment opportunities without regard to race, color, religion, national origin, sex, disability, marital status, or veteran status.

Kilgore College

East Texas Police Academy / Kilgore College Fire Academy ~ Release of Liability

If student is under 18, parent or legal guardian must sign this form for student to participate in Service Learning.

RELEASE OF LIABILITY FOR

(Student Name)

(Student ID / ~~TCLEOSE~~ PID number)

I, _____, a student of Kilgore College, hereby acknowledge that I freely and voluntarily have registered for the following course, _____ (referred to herein as the "Course"), for the dates _____ at Kilgore College. The term College also includes its trustees, employees, agents and assigns.

I understand that Off-Campus activities included in the course are structured to enhance my educational experience in ways not available through study solely on the College Campus. I fully understand and agree that certain elements of the Course, including the Off-Campus Activities, are physically and emotionally demanding and that by participating in the Off-Campus Activities in a locale(s) not under the control of College, there are risks of accidental or other physical or emotional injury. These risks may include, but are not limited to, loss or damage to personal property injury or death due to (1) travel to and from the Off-Campus Activities, (2) the condition of facilities where the Off-Campus Activities will occur which are not under the control and maintenance of College, and/or (3) potential criminal activity in the area of the Off-Campus Activities, among others. I agree to advise the Course instructor at any point when I question my ability to participate in any activity related to the Course.

I have fully investigated the nature of the Course and the Off-Campus Activities and I understand and assume the risks of my participation in them. I further represent that I do not possess, nor am I aware of, any physical or mental disabilities which will limit my participation in the Off-Campus Activities, or that I have asked for and received reasonable accommodation, allowing me to participate in the Course and the Off-Campus Activities.

I EXPRESSLY AGREE AND INTEND THAT MY PARTICIPATION IN THE OFF-CAMPUS ACTIVITIES SHALL BE UNDERTAKEN BY ME AT MY OWN RISK AND THAT THE COLLEGE SHALL NOT BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY PARTICIPATION IN THE OFF-CAMPUS ACTIVITIES, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON MY PART, OR THE PART OF THE COLLEGE FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION.

IN EXCHANGE FOR MY PARTICIPATION IN THIS COURSE, IT IS, THEREFORE, MY SPECIFIC EXPRESS INTENT THAT IN THE EVENT THAT THE COLLEGE SHOULD CAUSE, EITHER DIRECTLY OR INDIRECTLY, LOSS, DESTRUCTION (INCLUDING DEATH), LIABILITY, OR CLAIMS AGAINST ME AS A RESULT OF INTENTIONAL CONDUCT, NEGLIGENCE OR OTHERWISE, I WILL HOLD THE COLLEGE HARMLESS AND INDEMNIFY THE COLLEGE FROM ANY AND ALL OBLIGATIONS, LIABILITIES, CAUSES OF ACTION, LAWSUITS, DAMAGES AND ASSESSMENTS, INCLUDING LEGAL FEES AND COSTS, THAT RESULT FROM THE COLLEGE'S INTENTIONAL ACTIONS OR NEGLIGENCE.

THE TERMS OF THIS RELEASE OF LIABILITY ARE TO BE GOVERNED BY AND CONSTRUED UNDER THE LAWS OF THE STATE OF TEXAS. SHOULD ANY TERM OR PROVISION OF THIS RELEASE OF LIABILITY BE FOUND TO BE UNENFORCEABLE TO THE MAXIMUM EXTENT PERMITTED BY LAW, THE BALANCE OF THIS RELEASE OF LIABILITY SHALL REMAIN IN FULL FORCE AND EFFECT. I AGREE THAT EXCLUSIVE VENUE FOR ANY DISPUTE ARISING BETWEEN THE COLLEGE AND ME INVOLVING THIS RELEASE OF LIABILITY IN ANY WAY SHALL BE IN GREGG COUNTY, TEXAS.

ACCEPTED AND AGREED:

By: _____ Date: _____
(Signature of student or parent/guardian)

Printed Name _____ Phone: _____

Address _____ City _____ State _____ Zip Code _____



KILGORE COLLEGE



WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I, _____, the undersigned, for and in consideration for voluntarily participating in training provided by Kilgore College and/or the East Texas Police Academy's following course _____, for the dates of _____ - _____, do covenant and agree to forever release, waive and hold harmless Kilgore College, its Board of Trustees, agents and employees and the East Texas Police Academy and its employees and agents (collectively "Releasees") from any and all claims, liability, causes of action, injuries, and damages to me or my personal property that may arise from or relate in any manner from my participation in the training **whether caused by the negligence of the Releasees** or otherwise (including but not limited to the negligence of instructors or other participant students). By signing below, I do further agree to indemnify and defend the said Releasees from any and all losses, liability, injury or claims for damages which may arise from or relate to my participation in this training, and is caused in whole or part by my negligence or intentional act or omission.

Further, I am a paid employee of _____ (agency name) **OR** a sponsored cadet of _____ (sponsoring agency). I authorize representatives of the East Texas Police Academy to release all records related to my training, in writing, verbally, or otherwise; to a representative of my employer or sponsoring agency. This release is intended to include information pertaining to, but is not limited to, academic grades, skills, assessments, attendance or any other records or information.

By signing below, I represent I am in proper physical condition to participate in this training, and that I am fully aware of the inherent risks involved, and voluntarily assume full responsibility for any such risks. I understand Releasees will not be responsible for any injuries I sustain, or any medical or other costs associated with such injuries. I represent that I am at least eighteen (18) years of age and fully competent to sign this waiver and release, that I have read and understand this document and I am voluntarily signing same fully intending to be bound by its terms.

Signature

Printed Name

Date

.....

Witness/Title: _____
Printed name

Date: _____

Signature



EAST TEXAS POLICE ACADEMY

1021 Oak Drive
Kilgore, TX 75662
903-983-8663

RANGE FEE RECEIPT

Cadet Name:	KC ID #:
BPOC/NBPOC Class #:	Course Start Date:
Range Fee Amount Received: \$75.00	Date of Payment:

Method of Payment:		
<input type="checkbox"/> Cash		
<input type="checkbox"/> Credit Card	Cadets Contact Phone Number:	
<input type="checkbox"/> Check	Check Number:	
<input type="checkbox"/> Bill My Agency	Agency Name:	
<input type="checkbox"/> Other (Specify; VA-Post 911, VA- Hazelwood, Etc.):		
Cadet requests a receipt be issued and returned to them for fees: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cadet Signature:		Date:
Received By:	Signature:	Date:



Publicity and/or Photo Release Form

I hereby grant Kilgore College permission to use my image, likeness, and/or voice as captured in photographs, video recordings, or other digital media in any and all College publications, including print, broadcast, and online formats, without payment or other consideration, in perpetuity.

I understand and agree that all such materials will become the property of Kilgore College and will not be returned. I further authorize Kilgore College to edit, alter, reproduce, publish, or distribute these materials for any lawful educational, promotional, or marketing purposes related to the College.

I waive the right to inspect or approve any finished product in which my likeness appears and waive any rights to royalties or other compensation arising from or related to the use of these materials.

I hereby release and hold harmless Kilgore College, its trustees, officers, employees, agents, and representatives from any and all claims, demands, and causes of action related to or arising out of the use of my image, likeness, or voice, including but not limited to claims for libel, invasion of privacy, or misappropriation.

By signing below, I acknowledge that I am a current Kilgore College student and that I have read this release form and fully understand its contents.

Signature/Date:

Printed Name/Date:

Address:

City:

State:

Zip Code:

Phone: