**TENNESSEE HIGHWAY PATROL**

**CITIZENS' ACADEMY**

**Application**



**CITIZENS’ ACADEMY**

The seven-week academy, which consists of approximately 20-hours of training, is designed to develop a better understanding and awareness of the Tennessee Highway Patrol as well as its parent agency, the Department of Safety and Homeland Security, in the community through a hands-on approach.

**REQUIREMENTS AND LIMITATIONS**

Citizens applying for the Citizens’ Academy must adhere to the following standards:

1. Must be 21 years of age or older;

2. No criminal history other than minor traffic violations;

3. Must attend one night per week (2.5 hours). No more than ONE absence allowed to complete the program.

4. Must sign all required waivers and agreements

Due to classroom size, the Academy will be limited to 30 persons per academy. Attending the Citizens’ Trooper Academy is a privilege, not a right, and applicants will be accepted pending background investigation, and approval by the Colonel of the Highway Patrol.

*\*Please indicate on your application if you require any special accommodations due to a physical condition*

*(e.g. wheelchair access, seating closer to the front due to vision/hearing problem, etc.).*

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**TENNESSEE HIGHWAY PATROL CITIZENS’ ACADEMY PARTICIPANT APPLICATION (Please print or type)**

Name

Last First Middle

Date

Residence Address

City State Zip Code

Residence Phone Number Cell Phone No. E-mail Address

Date of Birth Race Gender

Place of Employment Occupation & Title

Business Address Business Phone Number

Driver License No. State Exp. Date SSN

Have you ever been arrested for any offense other than a traffic violation?

□ Yes

□ No

**(DUI is considered an arrest)**

Describe why you want to attend the Citizens’ Academy **(Please use reverse side of sheet if needed)**

**Please indicate which (if any) of the following applies to you:**

***(Note - This item is optional and need not be answered for consideration as a participant in the CTA.)***

**Clergy Member**  **Social Worker/ Therapist**

**Member of Service Organization**  **Non-profit volunteer**

**(Optimist Club, Kiwanas, etc.) For what group? If so, indicate the group**

**Veteran or Active Duty Military**  **Bilingual (language)**

**Teacher/Professor**

**There will be a minimum 90% attendance required. Upon your 2nd absence, you will be dropped from the program and not allowed to finish. Please do not make application if you do not feel you can meet this requirement.**

I certify that all statements made on this application are true and complete, and I hereby authorize the Tennessee Department of Safety and Homeland Security to make an examination of the above information for the purpose of evaluating my application and conducting an inquiry of my criminal history.

**IMPORTANT: THIS TRAINING IS NOT DESIGNED TO CERTIFY CITIZENS TO PERFORM LAW ENFORCEMENT SERVICES.**

**SIGNATURE**



**Submit** **Application** **to**: LT. Krystal Thaxter, 1150 Foster Avenue, Nashville, TN 37243, by email at [krystal.thaxter@tn.gov](mailto:krystal.thaxter@tn.gov)