

**SEXUAL HARASSMENT AND RAPE PREVENTION  
SELF DEFENSE CLASS FOR WOMEN  
APPLICATION**

Date of Application: \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Have you ever been arrested for any offense other than traffic? \_\_\_\_\_

If yes, what for? \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Please, briefly list or describe any civic activities/organization you are involved in:

\_\_\_\_\_

What experience have you had with law enforcement: \_\_\_\_\_

Please circle one: Positive Negative

Please briefly explain:

\_\_\_\_\_

Person to be contacted in case of emergency during your attendance at the classes:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Liability Waiver

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Sexual Harassment and Rape Prevention Classes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO THE SHERIFF'S OFFICE**

You can mail the application to 1700 Hwy 21 West Bryan, Texas, 77803  
Fax to (979)361-4999, or email to [SGaron@brazoscountytexas.gov](mailto:SGaron@brazoscountytexas.gov)