

**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 attendant 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)361-4905, or email to ndennis@brazoscountytexas.gov