

**HAYS COUNTY SHERIFF'S OFFICE**  
**2026 Rape Aggression Defense Class**  
**Application for Student Enrollment**

All applications must be completed and returned to the Sheriff's Office by no later than May 4<sup>th</sup>, 2026, in order to be considered. There are only 15 openings for this RAD class, therefore, not every application will be accepted. An eligibility list will be established for last-minute cancellations.

Name (Last, First, Middle)	Date of Birth	Date of Application
Mailing Address	City, State, Zip Code	
Physical Address	City, State, Zip Code	
Email Address	Home Phone	Cell Phone
Current or Last Place of Employment	Occupation	Work Phone

If accepted as a student, you will be given access to a secured facility and learning self-defense from Hays County Deputies. Due to the sensitivity of the facility and materials, it is necessary for the Hays County Sheriff's Office to conduct background checks to determine the suitability of those persons desiring to attend academy classes. Please answer the following questions as accurately as possible. Any intentional misrepresentation or omission of facts will be grounds for denial of admission to the Rape Aggression Defense class. A criminal history check will be made on all persons enrolling in the Rape Aggression Defense Class.

Driver License State and Number	Social Security Number
Do you go by any other names or aliases now or have you in the past? If yes, explain (Do NOT include maiden names unless used in the past 5 years):	Yes      No
Have you ever been convicted of a felony or are you currently on probation/parole for any offense? If yes explain:	Yes      No
Name and telephone number of person to contact in an emergency:	Relationship:

**APPLICANT MUST COMPLETE THE FOLLOWING:**

I \_\_\_\_\_ hereby acknowledge that I have completed the above application completely and accurately to the best of my ability. I also acknowledge that the Hays County Sheriff's Office will be conducting a background investigation on me to determine my suitability for admission to this program. Permission is hereby granted to conduct a background investigation on information given in this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Mail to:

Hays County Sheriff's Office  
 Community Outreach Unit  
 Attention: Deputy Alyssa Davenport  
 810 S. Stagecoach Trail  
 San Marcos, Texas 78666  
 Email: [alyssa.davenport@hayscountytexas.gov](mailto:alyssa.davenport@hayscountytexas.gov)

Fax:

(512) 393-7836