



FORT WORTH POLICE DEPARTMENT
CITIZEN POLICE ACADEMY
APPLICATION FOR ENROLLMENT



Please print or type the following information:

Date: _____ Drivers License Number: _____

Name: _____ Date of Birth: _____

Address: Street _____ City: _____ Zip: _____

Business Address: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Do you need special accommodations to attend this class? YES _____ NO _____

If yes, what are those accommodations? _____

Why do you wish to attend the Citizen Police Academy?

How did you hear about the Citizen Police Academy?

Have you ever been arrested or convicted of a crime? YES _____ NO _____

If yes, please explain: _____

Give the names and addresses/phone number of two references:

1) Name: _____
Address: _____
Phone: _____
Email: _____

2) Name: _____
Address: _____
Phone: _____
Email: _____

-----FOR DIVISION USE ONLY-----
CRIMINAL HISTORY CHECK --- ATTACHED --- NONE (CIRCLE ONE) NPO:
DIVISION:

SIGNATURE OF PATROL COMMANDER/SUPERVISOR APPROVING APPLICATION:
X: _____

DATE: _____

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT
THE STATE OF TEXAS)
COUNTY OF TARRANT)
KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned,

_____, for and in consideration of the privilege of being a participant in the Citizen Police Academy of the City of Fort Worth, and allowed use of City of Fort Worth property, equipment and services, including but not limited to the weapons firing range, and recognizing that such activity involves certain inherent risks and dangers to my property and person, do hereby agree to assume the risks attendant to such activity, to include property damage and physical injury from such service, and do hereby release and hold harmless the City of Fort Worth, its' Police Department, agents, and employees, in both their public and private capacities, from any and all liability, claims, suits, demands or causes of action which may arise.

It is further agreed that the execution of this release shall not constitute a waiver of the City of Fort Worth of defense of governmental immunity, where applicable, or any other defense recognized by the Courts of this State.

Signed, this the _____ day of _____, 20 ____, A.D.

Signature: _____

SUBSCRIBED AND SWORN: to before me this the _____ day of _____, 20 ____, A.D.

Notary Public, State of Texas

Scan and email to:
Officer Mario Cabello, Fort Worth Police Department
Mario.Cabello@fortworthtexas.gov

